

REQUEST FOR EXEMPTION
(Requirement to wear face covering)

YOUR INFORMATION

Date: _____

Your Name: _____

Reason for Visit to the Court:

My court appearance Witness Visitor Other _____

REASON FOR EXEMPTION REQUEST

Please check one:

Disability

Medical Condition, Respiratory or Other Health Related Issue

Other good cause

Please provide details sufficient for the Judge to consider your request:

IT IS HEREBY ORDERED that the exemption from wearing a face covering in the court facility is:

GRANTED

DENIED

OTHER: _____

Date

Justice of the Peace