

REQUEST FOR EXEMPTION OF REQUIREMENT FOR FACE COVERING

Name: _____

Contact information - Phone: _____ Email: _____

Time and date of proceeding: _____ Check box if ongoing request.

Person's status, if applicable (e.g., party, witness, juror, lawyer): _____

Reason for requesting a waiver of the face covering requirement:

Medical: _____

Americans with Disabilities Act (ADA): _____

Other: _____

Print and bring to court or email to MAR.ExemptionRequests@ojd.state.or.us

(Below this line for administrative use only.)

The above request is **Granted**

The above request is **Denied**

Presiding Judge/TCA

Date: _____