

UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

Court File No.: 09-CV-1775 DWF/FLN

James and Lorie Jensen, as parents,
guardians and next friends of Bradley J.
Jensen; James Brinker and Darren Allen, as
parents, guardians and next friends of
Thomas M. Allbrink; Elizabeth Jacobs, as
parent, guardian and next friend of Jason R.
Jacobs; and others similarly situated,

Plaintiffs,

vs.

Minnesota Department of Human Services,
an agency of the State of Minnesota;
Director, Minnesota Extended Treatment
Options, a program of the Minnesota
Department of Human Services, an agency
of the State of Minnesota; Clinical Director,
the Minnesota Extended Treatment Options,
a program of the Minnesota Department of
Human Services, an agency of the State of
Minnesota; Douglas Bratvold, individually,
and as Director of the Minnesota Extended
Treatment Options, a program of the
Minnesota Department of Human Services,
an agency of the State of Minnesota; Scott
TenNapel, individually and as Clinical
Director of the Minnesota Extended
Treatment Options, a program of the
Minnesota Department of Human Services,
an agency of the State of Minnesota; and
State of Minnesota,

Defendants.

**REQUEST FOR EXCLUSION
("OPT-OUT")**

IF YOU RETURN THIS FORM YOU WILL BE EXCLUDING YOURSELF FROM THE CLASS, YOU WILL NOT BE ALLOWED TO OBJECT TO ANY OF THE MONETARY TERMS OF THE SETTLEMENT AND YOU WILL NOT RECEIVE ANY SETTLEMENT PAYMENTS.

I have read the Notice of Pendency and Proposed Settlement of Class Action, dated June 24, 2011, and **DO NOT** wish to remain a member of the Class certified in this case, and

REQUEST TO BE EXCLUDED from this Settlement.

ALL SIGNATURES MUST BE NOTARIZED.

Date: _____

Class Member's Name

Your Name (if different)

Address

City, State and Zip

Signature

Phone Number (with area code)

Subscribed and sworn before me.

NOTARY SEAL

IF YOU ARE SIGNING THIS REQUEST FOR EXCLUSION ON BEHALF OF A CLASS MEMBER, YOU MUST INDICATE YOUR LEGAL AUTHORITY TO ACT ON BEHALF OF THE CLASS MEMBER AS SET OUT BELOW.

CHECK APPROPRIATE LINE AND PROVIDE REQUESTED INFORMATION

_____ **1. To the best of my knowledge and information, I believe that I am the duly appointed Guardian of a Member of the Settlement Class or otherwise entitled by law to act on behalf of the Class Member. I was appointed as Guardian in _____, in Court File No. _____.**

Name of County

_____ **2. The Class Member is a minor and I am a parent with legal custody.**

_____ **3. Other--Explain legal authority to act on Class Member's Behalf.**

IF YOU WANT TO EXCLUDE YOURSELF FROM THE CLASS, YOU MUST COMPLETE AND RETURN THIS FORM BY MAILING IT (HAVING IT POSTMARKED) NO LATER THAN SEPTEMBER 1, 2011, TO:

Shamus P. O'Meara
Johnson & Condon, P.A.
7401 Metro Boulevard, Suite 600
Minneapolis, MN 55439-3034
(952) 806-0438

A first-class, self-addressed stamped envelope is included for your convenience.

CLASS ACTION EXHIBIT 2