

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.**

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**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**