

Supreme Court / Court of Appeals
ADA Accommodation Request

Case No. (if any): _____

Table with 3 columns: Name of Person Requesting Accommodation, Email Address, Address. Includes sub-headers for Telephone/TTY Number and Date Request Submitted.

2. The person who needs the accommodation is a
[] Applicant [] Program Participant [] Committee Member
[] Judge [] Other Interested Party: _____

3. The accommodation will be needed
[] on [Date] _____ at [Time] _____ [] a.m. [] p.m.
Location/Event: _____

4. The accommodation requested is
[] Realtime (videotext) translation
[] Assistive listening device
[] Large print/enlarged materials
[] American Sign Language (ASL) interpreter(s) _____
[] Other sign language interpreter(s) [Specify] _____
[] Oral Interpreter
[] Wheelchair space
[] Breaks for medical reasons [State reason/frequency] _____
[] Other [Specify] _____

5. The accommodation provided _____

6. Reviewed and Approved By: _____
Court Official / Department Manager
Print Name Date Signed