

ADA Accommodation Request

Case No. (if any) _____

1. Name of Person Requesting Accommodation	E-mail Address	Address
Telephone/TTY Number	Date Request Submitted	

2. The person who needs the accommodation is a
 party. witness. juror. attorney.
 Other: _____

3. The accommodation will be needed
 on [Date] _____ at [Time] _____ a.m. p.m.
 for all proceedings related to this case.

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

(Complete the following, if different from #1 above.)

5. Name of person completing this form: _____
Telephone/TTY Number: _____ E-mail Address: _____
Mailing Address: _____

APPROVAL

This accommodation request is **approved**.
 This accommodation request is **denied** because: _____

BY:

Court Official/Court ADA Coordinator

Title (Print or Type Name if not eSigned)

Date

DISTRIBUTION:

- 1. Judge
- 2. Clerk of Court
- 3. Attorney/Party
- 4. Other: _____