

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: \_\_\_\_\_