

**Supreme Court / Court of Appeals
ADA Accommodation Request**

Case No. (if any): _____

1.	Name of Person Requesting Accommodation	Email Address	Address
	Telephone/TTY Number	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