

**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