

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

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 needed 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: _____

DISTRIBUTION:

1. Judge

2. Clerk of Court

3. Attorney/Party

4. Other: _____