

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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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: \_\_\_\_\_