



## Americans with Disabilities Act (ADA) Accommodation Request Form

**Please fill out all sections of this form.** If necessary, you may attach additional documents to this form. Any health or medical information included on this form, or attached to this form, will be kept confidential.

**When finished, mail, email or deliver the completed form to the court administrator at the [court location](#) where the case will be heard.**

**If at all possible, submit your completed form at least 10 business days before the date you need an accommodation.**

**Today's Date:** \_\_\_\_\_

### Court Location and Court Case Information

Date accommodation is needed: \_\_\_\_\_

Court location where accommodation is needed: \_\_\_\_\_

Case name or court file number (*if known*): \_\_\_\_\_

Type of Case (☒ *checkmark one box*):

☐ Criminal    ☐ Civil    ☐ Family    ☐ Juvenile

☐ Other (*specify*): \_\_\_\_\_

### Person Requesting Accommodation

Name of person requesting accommodation: \_\_\_\_\_

Address (*number, street, apartment, city, state, zip code*):

\_\_\_\_\_

Phone #: \_\_\_\_\_ Email (*optional*): \_\_\_\_\_

Person needing accommodation is (☒ *checkmark one box*):

☐ Juror    ☐ Plaintiff    ☐ Defendant    ☐ Witness

☐ Other (*specify*): \_\_\_\_\_

### Accommodation Request

What is the **specific** accommodation you're requesting? \_\_\_\_\_

\_\_\_\_\_

Please provide any additional information that might be useful in reviewing your accommodation request (*you may write on a separate sheet of paper and attach*):

\_\_\_\_\_

\_\_\_\_\_

**Form completed by:** ☐ Self or ☐ Other (*print name*): \_\_\_\_\_



## Americans with Disabilities Act (ADA) Accommodation Request Additional Information Form

**Do you need more space to type or write additional information about your accommodation request?**

You may use this form to complete your answers on the Americans with Disabilities Act (ADA) Accommodation Request Form.

**Write only on the front of this form.** Complete the "Form completed by" section at the end of this form.

**Attach this form to your completed Americans with Disabilities Act (ADA) Accommodation Request Form** before mailing, emailing or delivering your request to the court administrator.

Name of person requesting accommodation: \_\_\_\_\_

Court location where accommodation is needed: \_\_\_\_\_

**Form completed by:** ☐ Self or ☐ Other (*print name*): \_\_\_\_\_