
ADA Accommodation Request

Name of Person Requesting Accommodation	Email Address	Address
Telephone Number/TTY Number	Date Request Submitted	

The Person who needs the accommodation is a

- Defendant Witness Attorney Other

Accommodations will be needed

- On Date _____
 For all proceedings related to this case.

The accommodation requested is

- Wheelchair space
 American Sign Language (ASL) Interpreter
 Other Sign Language Interpreter (Specify) _____
 Large print/enlarged materials
 Breaks for medical reasons (state frequency/reason) _____
 Other
(specify) _____

Complete the following, if different from above

Name of person completing this
form _____

Telephone/TTY

Number _____

Email

Address _____

Mailing

Address _____

APPROVAL

- This accommodation request is approved.
 This accommodation request is denied because _____
-

BY:

Court Official

Title

Date