

REQUEST FOR ACCOMMODATIONS	Court name and location
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Today's date

Instructions for completing form: Provide your name, address, and telephone number. Check the boxes which apply to you and provide any necessary details. When you have completed this request, please return it to the court at the above address.

1.

Name			
Address			
City	State	Zip	Telephone no.

2. Court activity you need accommodations for:

- Hearing _____
Date
- Mediation meeting _____
Date
- Jury duty _____
Date(s)
- Other (specify): _____
include dates if relevant

3. What is the nature of your disability?

- Physical mobility impairment (wheelchair, walker, crutches, etc.)
- Speech impairment (specify): _____
- Visual impairment
- Hearing impairment (specify) deaf hard of hearing
- Other (specify): _____

4. What type of accommodation are you requesting?

- Interpreter for deaf (specify whether ASL, tactile, oral, etc.) _____
- Assistive listening device (specify type of device) _____
- Physical location accessible for persons with a physical mobility concern.
- Other (specify) _____

For court use only