

ADA ACCOMMODATION REQUEST FORM

The _____ Court is committed to its policy of providing equal access to the Court consistent with the Americans with Disabilities Act of 1990 (“ADA”), as amended, and all other applicable state and federal laws. If you have a disability that may restrict your ability to meaningfully participate in Court proceedings, programs, activities, or services, we will provide you with reasonable and appropriate accommodations at no cost to you. If you need assistance with or an accommodation for completing this form because of disability or limited English proficiency, please contact us at: _____

Please provide us with the following information:

Today’s date: _____

Your First Name: _____

Your Middle Initial: _____

Your Last Name: _____

Your Home Address: _____

City, State and Zip Code: _____

Your Phone Number: _____ Home ____ Cell Phone _____

Your Email Address: _____

Your Court Case Number: _____

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Date and Time: _____

What specific accommodation are you requesting?

Please provide any additional information that might be useful in the ADA Coordinator's review of your accommodation request:
