

Reasonable Accommodation Request

CONFIDENTIAL

If you have a disability and need an accommodation while you are at court, you can use this form to make your request.

Make this request at least **days** before you need the accommodation.

1 Name of Person Requiring Accommodation:

Name: _____

Address: _____

Phone: _____

Email: _____

2 How is this person involved in the case?

☐ Party ☐ Witness ☐ Attorney

☐ Other (explain): _____

3 Hearing/Trial Date (if any): _____

Time: _____ **AM** **PM**

4 Type of accommodation(s) requested. Be specific.

NOTE: If requesting a **sign language interpreter**, specify type:

American Sign Language Interpreter (ASL)

Certified Deaf Interpreter (CDI)

Communication Access Real Time Translation (CART)

Other (explain) _____

5 Why do you need this accommodation to assist you in court?

☐ More information on this request is attached.

A spoken language interpreter is also needed.
(*We will refer you to the appropriate office.)

Date: _____

Type or print name

Signature

Please direct all requests for services or for additional information to: