

## 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: \_\_\_\_\_

**ADA ACCOMMODATION REQUEST FORM**

Date and Time: \_\_\_\_\_

What specific accommodation are you requesting?

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

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