



**Americans with Disabilities Act (Title II)
Request for Reasonable Accommodation Form**

Client Information-Section A

Name: _____ Phone: _____
Address: _____ Mobile: _____
_____ Email: _____

Please check the box that most closely describes your status in this matter:

- Defendant Parent Witness Attorney Victim
 Other (Please Explain): _____

Requestor Information (if different from above)

Name: _____ Phone: _____
Address: _____ Mobile: _____
_____ Email: _____
Relationship with Client: _____ TTY: _____

Accommodation

Nature of the disability for which accommodation is requested: _____

Accommodation requested: _____

Appearance Information (if known)

Case #: _____
Court Date: _____ Court Time: _____

I hereby certify that an Americans with Disabilities Act accommodation is required in the above-captioned case on the date stated.

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Services Provided: _____

Service Provider: _____

Date Contacted Provider: _____ Method of Contact: _____

Other: _____
