

Second Judicial District Court (SJDC) ADA Accommodation Request Form

Instructions: To assist SJDC to provide equal access to the Court, please fill out this form. Americans with Disabilities Act (ADA) Accommodation Requests for Court Hearings at SJDC must be completed at least five (5) business days before any hearing so reasonable accommodations may be made.

| I wish to make a Request for a Reason | onable Accommodation | Date of Request: _ | |
|---|--|-----------------------|-------------|
| Full Name: | | Phone: | |
| | | Email: | |
| Address: | | | |
| (Street) | (City) | (State) | (Zip) |
| Participant Type: Juror Attorney | /Legal Staff Witness | Party Other | |
| Court Appearance | | | |
| Date of Appearance: | Case Numb | er: | |
| Type of Accommodation Requested | | | |
| Access: Physical access to parking lots | s/entrances/restrooms/elev | ators/court rooms/hea | ring rooms. |
| ☐ Issue-Related: I need the following re ☐ Large Print ☐ Sign Lang ☐ Digital Audio Reading ☐ Assisted L Date Needed: | juage Interpreter CART(Listening Devices Other | Computer Access Real | |
| Please provide any additional information accommodation request: | | | |
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| | | | |
| Signature of Requestor or Person con | mpleting the form | Relationship to R | equestor |