## APPENDIX 5A Rule 5.1

## **Americans with Disabilities Form**

APPLICANT (name):	For Court Use Only
APPLICANT IS: Witness Juror Attorney Party Other	
Person submitting request (name):	
Applicant's Address:	
Telephone No.:	
NAME OF COURT:	
Street Address:	
Mailing Address:	
City and Zip Code:	
Branch Name:	
NAME OF JUDGE:	
CASE NAME:	
REQUEST FOR ACCOMMODATIONS BY PERSONS WITH DISABILITIES and ORDER	Case Number: (If Applicable)
<ol> <li>Type of proceeding: Criminal Civil</li> <li>Proceedings to be covered (e.g., bail hearing, preliminal sentencing hearing):</li> </ol>	ary hearing, particular witnesses at trial
3. Dates accommodations needed (specify):	
4. Impairment necessitating accommodations (specify):	
5. Type of accommodations (be specific):	

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6.	Special requests or anticipated problems (specify):
7.	I request that my identity be kept CONFIDENTIAL NOT be kept CONFIDENTIAL
I decla	are under penalty of perjury under the laws of the State of Louisiana that the foregoing is true and et.
Date:	
	(Type or Print Name) (Signature of Applicant)
	_ The Request for Accommodation is granted and arranged as requested.
	The Request for Accommodation is denied because:
	The Applicant does not have a covered disability.
	It creates an undue burden on the court.
	It fundamentally alters the nature of the service, program, or activity.
	The court offers an alternative form of accommodation (see attached).