

# DIGITAL COMMUNICATION ACCESS CARD

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**I AM:**  **DEAF**  **DEAFBLIND**  **DEAFDISABLED**

**I USE** \_\_\_\_\_ **SIGN LANGUAGE**

I need a **QUALIFIED** sign language interpreter now.

**IMPORTANT:** I will not answer questions without an attorney. My preferred temporary communication access (until an interpreter arrives):

Writing / Typing

Phone notes / Text

Visual gestures

Speech-to-Text App

Braille

Other: \_\_\_\_\_

**I DO NOT** consent to searches.

## EMERGENCY / TRUSTED CONTACT

Name: \_\_\_\_\_

Phone/Text: \_\_\_\_\_

(This person understands my legal + interpreting access needs.)

### MEDICAL INFORMATION (if applicable)

Condition(s): \_\_\_\_\_

Medication(s): \_\_\_\_\_

Special needs: \_\_\_\_\_

(Example: Insulin daily / seizure risk under stress)

### LEGAL SUPPORT (optional)

Attorney / Organization: \_\_\_\_\_

Phone: \_\_\_\_\_

### If detained

- Please notify my trusted contact immediately -
- Please document date, time, and location -

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