

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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