

APPENDIX 5A

Rule 5.1

Americans with Disabilities Form

APPLICANT (name): APPLICANT IS: ___ Witness ___ Juror ___ Attorney ___ Party ___ Other Person submitting request (name): Applicant's Address:	For Court Use Only
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)

1. Type of proceeding: ___ Criminal ___ Civil
2. Proceedings to be covered (e.g., bail hearing, preliminary hearing, particular witnesses at trial, sentencing hearing):
3. Dates accommodations needed (specify):
4. Impairment necessitating accommodations (specify):
5. Type of accommodations (be specific):

