



Applicant Request for Reasonable Accommodation for a Disability

CONFIDENTIAL

Applicant Name: _____ **Date:** _____

Phone Number: _____ **Email Address:** _____

Job Title(s) Applied For: _____ **Job Location(s):** _____

Please describe the nature of the disability or impairment:

Please describe the accommodation needed:

When do you need the accommodation?

Please describe any other information that may assist the Judiciary in accommodating you during the hiring process:

Please submit your completed ADA Request Form to ADA@mdcourts.gov.

The Maryland Judiciary notes that an advance request may be needed to provide certain accommodations. The Talent Acquisition team may request additional information if needed to understand how an accommodation would enable you to fully participate in all aspects of the job interview and hiring process. If you have any questions, contact Employee Relations & Compliance at (410) 260-1732 or er@mdcourts.gov.