

Requests for accommodation should be submitted to the court not less than thirty (30) days before the proceeding for which the accommodation is requested. Specific case-related questions (e.g. postponements) should not be made on this form.



☐ SUPREME COURT OF MARYLAND ☐ APPELLATE COURT OF MARYLAND

☐ CIRCUIT COURT ☐ DISTRICT COURT OF MARYLAND FOR \_\_\_\_\_

City/County

Located at \_\_\_\_\_

Court Address

Telephone \_\_\_\_\_

STATE OF MARYLAND

Case No. \_\_\_\_\_

or

VS. \_\_\_\_\_

Plaintiff/Petitioner

Defendant/Respondent

### REQUEST FOR REASONABLE ACCOMMODATION FOR PERSON WITH DISABILITY

Requests for reasonable accommodation should be submitted to the court not less than thirty (30) days before the proceeding for which the accommodation is requested.

Name of person needing reasonable accommodation: \_\_\_\_\_

Name of person requesting reasonable accommodation (if different person): \_\_\_\_\_

Person needing accommodation is: ☐ Party ☐ Witness ☐ Juror ☐ Prospective Juror ☐ Attorney

☐ Victim ☐ Victim's Representative ☐ Other (*specify*): \_\_\_\_\_

Applicant requests reasonable accommodation under Americans with Disabilities Act (ADA) or applicable Maryland or federal law as follows:

1. Type of court proceeding:

☐ Criminal ☐ Civil ☐ Traffic ☐ Juvenile ☐ Family ☐ Other (*specify*): \_\_\_\_\_

2. Hearing/Trial date (if any): \_\_\_\_\_ Time: \_\_\_\_\_

3. Nature of disability or impairment (*specify*): \_\_\_\_\_

4. Type of accommodation(s) requested. Be specific. \_\_\_\_\_

**NOTE:** If requesting a **sign language interpreter**, specify type: American Sign Language interpreter (ASL), Certified Deaf Interpreter (CDI), or Communication Access Real Time Translation (CART). If requesting a **spoken language interpreter**, please use form CC-DC-041.

Please provide any further information that may assist the court in providing a reasonable accommodation (*specify*): \_\_\_\_\_

☐ I request that this information be kept confidential to the extent allowed by law.

I certify that to the best of my knowledge this information is true and correct. I agree to provide medical documentation if required by the court.

Date

Signature of Applicant/Applicant's Representative

Attorney Number

Printed Name

Telephone Number

Address

City, State, Zip

Fax

E-mail

The clerks's office and the ADA Coordinator are available to provide further assistance.