

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.



COURT OF APPEALS  COURT OF SPECIAL APPEALS

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

City/County

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

Court Address

STATE OF MARYLAND

or

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

Plaintiff/Petitioner

vs.

Defendant/Respondent

### REQUEST FOR ACCOMMODATION FOR PERSON WITH DISABILITY

Requests for 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 accommodation: \_\_\_\_\_

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

Person needing accommodation is:  Party  Witness  Juror  Prospective Juror  Attorney

Victim  Victim's Representative  Other (Specify): \_\_\_\_\_

Applicant requests accommodation under Americans with Disabilities Act (ADA) 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

Email

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