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. _____

_____ vs. _____
Plaintiff/Petitioner 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.]

5. 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

_____ _____
Printed Name Telephone Number

_____ _____
Address City, State, Zip

_____ _____
Fax E-mail

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

☐ The request for accommodation is GRANTED; or
☐ Alternate accommodation(s) GRANTED (specify):

_____

_____

_____

☐ The request for accommodation is DENIED.
☐ Applicant does not qualify under the ADA.
☐ It would fundamentally alter the nature of the service, program, or activity under the ADA.
☐ It would create an undue burden on the court under the ADA.

_____ _____ _____
Date Judge/Administrative Official ID No.

If you disagree with this decision, you can file a Grievance. (Form CC-DC-050 is available for this purpose.)

Reset