

REQUEST FOR ACCOMMODATIONS

52nd District Court, 4th Division
Attn: Court Administrator's Office
520 W Big Beaver
Troy, MI 48307

(248) 528-0400

Today's date

Instructions for completing form: Provide your name, address, and telephone number. Check the boxes that apply to you and provide any necessary details. When you have completed this request, please return it to the court at the above address.

1.

Name			
Address			
City	State	Zip	Telephone no.

2. Court activity you need accommodations for:

Hearing _____
Date

Mediation meeting _____
Date

Jury duty _____

Other (specify): _____
include dates if relevant

3. What is the nature of your disability?

Physical mobility impairment (wheelchair, walker, crutches, etc.)

Speech impairment (specify): _____

Visual impairment

Hearing impairment (specify) deaf hard of hearing

Other (specify): _____

4. Please indicate the nature of your involvement in this case:

Party Lawyer Guardian

Witness Parent Other (specify): _____

Juror Family member _____

5. What type of accommodations are you requesting?

Interpreter for deaf (specify whether ASL, tactile, oral, etc.) _____

Assistive listening device (specify type of device) _____

Physical location accessible for persons with a physical mobility concern.

Other (specify): _____

6. Please estimate the number of days you will need this accommodation. _____