

<u>i wish to make a Reque</u>	<u>st ioi a Reasonable A</u>	ccommodation.	L	ate of Request		
Name:			Phone:			
			E-mail	:		
Address:						
	(Street)	(City)		(State)		(Zip)
Status 🗌 Juror	Attorney/I	Legal Staff	Witness		Party	
Other Status (Specify)						
<u>Court Appearance</u> : Nan	ne of Court					
Date of Appearance		Case Name	and Docket#			
		Type of Accomod	lation Requested			
Access: physic	cal access to parking lo					
Issue-Related	: I need the following	reasonable accon	nmodations:			
	Print Digital A	Audio Reading	Sign Language	e Interpreter		
	T (Communication Acces	s Real-time Translati	ion) 🗌 Assistive I	Listening Devices	-	
Other	(please specify)					
Date and Time Needed			at			○ AM
						○ PM
imitations Requiring A	accommodation:					
			l			

Signature of Requestor or Person completing the form

Relationship to Requestor

Submit form to: The ADA Coordinator in the courthouse where you are seeking an accommodation. Refer to website for directory of ADA Coordinators at http://www.mass.gov/courts/admin/hr.html for contact information. This document may be available in alternative format.