MC-410 | Disability Accommodation Request

CONFIDENTIAL

If you have a disability and need an accommodation while you are at court, you can use this form to make your request. For more information, see form _____ .

5 Make this request at least **5 days** (when the court is open) before you need the accommodation.

Court Name and Address:

1 Your information

Name: _____

Address: _____

_____

Phone: _____

Email: _____

Case Number (if you know it):

2 How are you involved in the case?
☐ Juror ☐ Party ☐ Witness ☐ Lawyer
☐ Other (explain):

Case Name/Type (if you know it):

3 When and where do you need the accommodation? [date(s), time(s), and court location] _____

_____

4 What accommodation do you need at the court?

_____

_____

5 Why do you need this accommodation to assist you in court?

_____

_____

☐ More information on this request is attached.

Date: _____

_____   ▶ _____

Type or print name   Signature

(**Optional**) If a court employee, caregiver or other person helped fill out this form and is **willing to provide more information if needed**, provide contact information below:

Name: _____   Email: _____   Phone: _____

Disability Accommodation Request

Name: _____

‒‒‒‒‒‒‒‒‒‒‒‒‒‒‒‒‒ **Court fills out below** ‒‒‒‒‒‒‒‒‒‒‒‒‒‒‒‒‒

> **(Optional)**
> (!) **Important!** If your case is delayed or dismissed after you make this request and you do not need the accommodation for the date you specified under 3, please contact the court at:
>
> Phone: _____   Email: _____

☐ Your request is **GRANTED.** The court will provide the accommodation(s) requested.

☐ Your request is **DENIED IN WHOLE OR IN PART.** The denied portion of your request:

   ☐ Does not meet the requirements of _____ .

   ☐ Creates an undue financial or administrative burden for the court.

   ☐ Changes the basic nature of the court's service, program, or activity.

   Explain the reasons supporting the box(es) checked above:

   _____

   _____

   ☐ **Instead**, the court will provide the following accommodation(s):

   _____

   _____

The court will provide the accommodation(s):

☐ For the date(s) and time(s) requested   ☐ Indefinitely

☐ On date(s): _____

☐ More information on this decision is attached.

Date: _____

_____   ▶ _____
Type or print name   Signature

The court responded in person, by phone, or mail/email on: _____

Note: You may be able to ask for a review of this decision. _____ explains how to do this.