

STATE OF GEORGIA Municipal Court of Atlanta P O L I C Y

REQUESTING REASONABLE ACCOMMODATION (FOR PERSONS WITH DISABILITIES)

If you have a physical or mental impairment and believe you may need an accommodation to fully and equally participate in a particular court proceeding or activity, you may request a reasonable accommodation.

To request a reasonable accommodation, complete the *Request for Reasonable Accommodation Form* and return to Clerk's Office on the 2nd floor of the Lenwood A. Jackson Justice Center, 150 Garnett Street, SW, Atlanta, Georgia 30303; a Court Officer in any of the courtrooms at the same location; or via e-mail at municourt@atlantaga.gov. If you need assistance completing this form, contact the court at 404-954-6767.

Accommodation requests are granted to any qualified person with a disability for whom such an accommodation is reasonable and necessary under the Americans with Disabilities Act (ADA) or Section 504 of the Rehabilitation Act of 1973. These requests ensure full and equal access to the court proceeding or activity in which the person is participating, so long as the accommodation does not pose an undue administrative or financial burden to the court or fundamentally alter the nature of the proceeding or activity for which the accommodation is being requested.

You may be required to provide additional information for the Municipal Court of Atlanta to properly evaluate your reasonable accommodation request(s). <u>This information, if required, will be confidentially maintained and will only be used to evaluate your accommodation request(s) unless you request otherwise</u>.

Generally, 5 day (business days) advance notice is required to review reasonable accommodation requests. However, a response to an immediate need for accommodation will be considered to the fullest extent possible.



STATE OF GEORGIA Municipal Court of Atlanta

REQUEST FOR REASONABLE ACCOMMODATION

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Name:	
Address:	
Telephone No.:	
E-mail:	
I am participating in a court proceeding	g/activity as a (check all that apply):
Party in a Non-Criminal Case	Criminal Defendant
Witness	Attorney/Legal Staff
Court Observer	Other (please specify):
Please list the Case #:	

(Continued on reverse side)

Type of proceeding/activity for which accommodation is necessary (list all that apply):	
Describe the impairment that necessitates the accommodation(s) (specify):	
Describe the accommodation(s) you are requesting and explain how the requested accommodation(s) would be effective.	
Are you aware of alternative methods that might effectively accommodate your impairment?	
Yes No If yes, specify:	
List all dates/times the accommodation(s) are needed (specify):	
Please identify any potential resources or other suggestions for the court to consider in responding to your accommodation requests.	

(Continued on next page)

I request that all information pertaining to my accommodation request:
☐ Be kept confidential ☐ <i>Not</i> be kept confidential
Oath 1:
I attest, under penalty of perjury, that I have completed this form and that the
information that I have provided in this request is true and correct.
(Signature)
(Print Name)
(Date)
Oath 2 (to be completed if <i>Request</i> is completed with assistance from another person):
I attest, under penalty of perjury, that I have assisted in the completion of this form and
that to the best of my knowledge the information provided in this request is true and
correct.
(Preparer's Signature)
(Print Name of Preparer)
(Address of Preparer)
(Date Prepared)
(Continued on reverse side)

****FOR MUNICIPAL COURT OF ATLANTA USE ONLY**** TO BE COMPLETED BY MUNICIPAL COURT STAFF ONLY



STATE OF GEORGIA Municipal Court of Atlanta

Review and Action

Reasonable Accommodation Request Form received from applicant on (Date).		
If necessary, Request for Additional Information (Date).	nation requested on	
If necessary, Request for Additional Inform(Date).	nation completed and returned on	
Requested Accommodation granted on	(Date).	
Requested Accommodation <u>denied</u> on	(Date) because:	
Other action taken (explain) on	_ (Date).	

Notification to applicant concerning action taken	on(Date).	
(Signature of Court Official)		
(Date)		