

Mohave County Courts
Request for Reasonable Accommodations - ADA

1. Case No: _____ Date: _____

Case Name: _____

2. Name: _____

Address: _____ Phone No.: _____
(Mailing Address) (Area Code, Phone Number)

_____ Email: _____
(City, State, Zip Code)

3. I am participating in a court proceeding/activity as a (check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Petitioner/Plaintiff | <input type="checkbox"/> Defendant/Respondent | <input type="checkbox"/> Attorney |
| <input type="checkbox"/> Witness | <input type="checkbox"/> Juror | <input type="checkbox"/> Judicial Officer |
| <input type="checkbox"/> Other (Specify interest in or connection to proceeding, if any) | | |
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What is the disability that limits one or more of your major life activities (e.g., walking, hearing, speaking, seeing, reading or writing)?

Please describe on page 2 the special accommodations needed and include any documentation supporting the accommodation that you are requesting.

Your disability must be one that is covered under the ADA. Please provide supporting medical documentation. Medical documentation must comply with the following:

- Be on official letterhead from a licensed or certified health professional appropriate for diagnosing and treating the disability.

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4. List all known dates/times the accommodation(s) are needed (specify):

5. Why is an accommodation needed?

6. What accommodation would you like?

7. Please provide any information that would help the court respond to your request.

8. How do you want to be informed of the status of your request for accommodation?

- Phone Writing Email In Person
 Other(specify):

I declare under penalty of perjury under the laws of the state of Arizona that the foregoing is true and correct.

Date: _____ at _____ (City, State)

(Type of Print Name of Person Requesting)

(Signature of Person Requesting)