

ADA ACCOMODATIONS REQUEST FORM- Baton Rouge City Court

Baton Rouge, Louisiana

Information provided in the following form shall be kept confidential. However, persons involved in making decisions to provide the accommodation, as well as those processing this request, must necessarily be informed of the type and nature of the request.

Please fax form to (225)389-7656, or email to CityCourtInternetEmail@brla.gov

APPLICANT (name): _____
APPLICANT IS: <input type="checkbox"/> Party <input type="checkbox"/> Attorney <input type="checkbox"/> Witness <input type="checkbox"/> Other (specify) _____
Person submitting request (If different from applicant): _____
APPLICANT'S ADDRESS: _____ _____
TELEPHONE NUMBER: _____

Applicant requests accommodation as follows:

1. Type of proceeding: Criminal Civil Small Claims Traffic
2. Type(s) of hearing before the court: _____
3. Date(s) accommodations needed (specify): _____
4. Impairment necessitating accommodation(s) (specify): _____
5. Type of accommodation(s) desired (be specific): _____
6. Special requests or anticipated problems (specify): _____
7. How will this accommodation assist you in the activity specified in item #2?
