ACCOMMODATIONS REQUEST

Americans with Disabilities Act (ADA)

Applicant First Name: MI: Last Name: Social Security No.

Applicant's Address: City: State: Phone:

Applicant Status: Employee Visitor Attorney Job Applicant Other (specify):

Person Submitting Request (if different from applicant):

Submitter's Address: City: State: Phone:

Applicant requests accommodations as follows:

1. Proceedings and/or activities to be covered (e.g.: essential job functions, hearings, meetings, job interviews, visits to court facility, library usage):

2. Date(s) accommodations needed:

3. Impairments necessitating accommodations (be specific):

4. Type of accommodations desired (be specific):

5. How will this accommodation assist you in the activity specified in item number 1?

6. Special requests or anticipated problems (be specific):

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

I declare under penalty of perjury under the laws of the State of Louisiana that the foregoing is true and correct.

(Print Applicant Name) (Applicant Signature) (Date)

FOR COURT STAFF USE ONLY

Date of Request: Reviewed by: Title:

Additional medical information requested? Y N If yes, is a copy attached? Y N

Requested accommodation(s) granted and arranged? Y N Alternate Accommodations granted? Y N

Cost of Accommodation(s) $ Applicant notified of decision on (date)

(Name) (Title) (Date)