

Requests for accommodation should be submitted to the court not less than thirty (30) days before the proceeding for which the accommodation is requested. Specific case-related questions (e.g. postponements) should not be made on this form.



COURT OF APPEALS COURT OF SPECIAL APPEALS

CIRCUIT COURT DISTRICT COURT OF MARYLAND FOR _____ City/County

Located at _____ Court Address

STATE OF MARYLAND or Case No. _____

Plaintiff/Petitioner

vs. Defendant/Respondent

REQUEST FOR ACCOMMODATION FOR PERSON WITH DISABILITY

Requests for accommodation should be submitted to the court not less than thirty (30) days before the proceeding for which the accommodation is requested.

Name of person needing accommodation: _____

Name of person requesting accommodation (if different person): _____

Person needing accommodation is: Party Witness Juror Prospective Juror Attorney Victim Victim's Representative Other (Specify): _____

Applicant requests accommodation under Americans with Disabilities Act (ADA) as follows:

- 1. Type of court proceeding: Criminal Civil Traffic Juvenile Family Other (Specify): _____
- 2. Hearing/Trial date (if any): _____ Time: _____
- 3. Nature of disability or impairment (specify): _____

4. Type of accommodation(s) requested. Be specific. _____

[Note - If requesting a **sign language interpreter**, specify type: American Sign Language interpreter (ASL), Certified Deaf Interpreter (CDI), or Communication Access Real Time Translation (CART). If requesting a **spoken language interpreter**, please use form CC-DC-041.]

5. Please provide any further information that may assist the court in providing a reasonable accommodation (specify): _____

I request that this information be kept confidential to the extent allowed by law.

I certify that to the best of my knowledge this information is true and correct. I agree to provide medical documentation if required by the court.

Date Signature of Applicant/Applicant's Representative CPF ID No.

Printed Name Telephone Number

Address City, State, Zip

Fax Email

The clerks's office and the ADA Coordinator are available to provide further assistance.

- The request for accommodation is GRANTED; or The request for accommodation is DENIED.
- Alternate accommodation(s) GRANTED (specify): Applicant does not qualify under the ADA.
- It would fundamentally alter the nature of the service, program, or activity under the ADA.
- It would create an undue burden on the court under the ADA.

Date Judge/Administrative Official ID Number

If you disagree with this decision, you can file a Grievance. (Form CC-DC-050 is available for this purpose.)