

REQUEST FOR ACCOMMODATIONS BY PERSONS WITH DISABILITIES

APPLICANT'S INFORMATION TO BE KEPT CONFIDENTIAL

APPLICANT (name): APPLICANT is <input type="checkbox"/> Witness <input type="checkbox"/> Juror <input type="checkbox"/> Attorney <input type="checkbox"/> Party <input type="checkbox"/> Other <i>(specify)</i> Person submitting request (name): APPLICANTS ADDRESS: TELEPHONE NO.:	FOR COURT USE ONLY
NAME OF COURT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
JUDGE:	
CASE NO:	DEPARTMENT:
REQUEST FOR ACCOMMODATIONS BY PERSONS WITH DISABILITIES	CASE NUMBER:

Applicant Requests accommodation under Section 12-1-23 Code of Alabama 1975, as follows:

1. Type of proceeding: Criminal Civil Juvenile other _____
2. Proceedings to be covered (for example, bail hearing, preliminary hearing, trial, sentencing hearing, family, probate, juvenile):
3. Date or dates needed (specify):
4. Impairment necessitating accommodation (specify):
5. Type or types of accommodation requested (specify):
6. Special requests or anticipated problems (specify):

I declare under penalty of perjury under the laws of the State of Alabama that the forgoing is true and correct.
 Date:

(TYPE OR PRINT NAME)

(SIGNATURE)

Address

City State Zip

Telephone

Email