

**APPENDIX 5.1A**

**Rule 5.1**

**Americans with Disabilities Form**

APPLICANT (name):  APPLICANT IS: ___ Witness ___ Juror ___ Attorney ___ Party ___ Other  Person submitting request (name):  Applicant's Address:	For Court Use Only
Telephone No.:	
NAME OF COURT:	
Street Address:	
Mailing Address:	
City and Zip Code:	
Branch Name:	
NAME OF JUDGE:	
CASE NAME:	
REQUEST FOR ACCOMMODATIONS BY PERSONS WITH DISABILITIES and ORDER	Case Number: (If Applicable)

1. Type of proceeding: \_\_\_ Criminal \_\_\_ Civil
2. Proceedings to be covered (e.g., bail hearing, preliminary hearing, particular witnesses at trial, sentencing hearing):
3. Dates accommodations needed (specify):
4. Impairment necessitating accommodations (specify):
5. Type of accommodations (be specific):

