Americans with Disabilities Act Accommodation Request

VERMONT JUDICIARY

Please call 802-879-1185 if you would like help filling out this form.

1. **Date of request:** _____

2. **Information about the person the accommodation is being requested for:**

   Name: _____

   Mailing Address: _____

   _____

   Home/Cell Phone: _____ Work Phone: _____

   Email Address: _____

   The person is a:

   ☐ Party / Litigant ☐ Juror or prospective juror

   ☐ Lawyer / Legal staff ☐ Family member

   ☐ Witness ☐ Member of the public

   Other *(describe)*:

Court visit information:

Date for which accommodation is needed: _____

If this request is related to a court case, please give us this information *(if known)*:

Case number: _____ County: _____

Case name: _____
(plaintiff name v. defendant name)

If the request is **not** related to a court case, what court activity are you asking for an accommodation for?

3. What kind of accommodation are you asking for?

☐ American Sign Language interpreter

☐ Assistive listening device

☐ Communication Access Realtime Translation (CART)

☐ Help filling out forms

☐ Help navigating the court facility

☐ Physical access to the court facility such as parking lot, entrance, restroom, elevator, and courtroom.

☐ Large print version of a court publication, court document or court form

(specify): _____

☐ Other *(describe)*:

5. **How will this accommodation help you participate in a court activity?**

6. **Alternative accommodations:**

   The Judiciary will try to provide the accommodation you asked for. Sometimes a specific accommodation is not reasonably available. Are there any other accommodations that would work?

7. **Is there any other information you would like to share related to this request?**

8. Information about the person filling out this form:
(If different from the person the accommodation is being requested for)

Name: _____

Mailing Address: _____

_____

Home/Cell Phone: _____ Work Phone: _____

Email Address: _____

Relationship to the person the accommodation is being requested for:

_____

THIS SECTION IS FOR STAFF USE

Received by: _____ Date: _____

Accommodation Provided:

_____

_____

Date: _____