



ACCOMMODATIONS REQUEST

Americans with Disabilities Act (ADA)

Applicant First Name: _____ MI: _____ Last Name: _____ Social Security Number _____

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 Submitter's Name)

(Submitter's 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)