

APPENDIX B

REQUEST FOR REASONABLE ACCOMMODATION

STATE OF GEORGIA
[Court System]

**REQUEST FOR REASONABLE ACCOMMODATION
FOR PERSONS WITH DISABILITIES**

If you have a physical or mental impairment and believe you may need an accommodation to fully and equally participate in a particular court proceeding or activity, you may request a reasonable accommodation.

To request a reasonable accommodation, complete the *Request for Reasonable Accommodation Form* and return to [Clerk of Court/Court Officer]. If you need assistance completing this form, contact the [Clerk].

Accommodation requests are granted to any qualified person with a disability for whom such an accommodation is reasonable and necessary under the Americans with Disabilities Act (ADA) or Section 504 of the Rehabilitation Act of 1973. These requests ensure full and equal access to the court proceeding or activity in which the person is participating, so long as the accommodation does not pose an undue administrative or financial burden to the court or fundamentally alter the nature of the proceeding or activity for which the accommodation is being requested.

You may be required to provide additional information for [the Court] to properly evaluate your reasonable accommodation request(s). *This information, if required, will be confidentially maintained and will only be used to evaluate your accommodation request(s) unless you request otherwise.*

Generally, [xx] day advance notice is required to review reasonable accommodation requests. However, a response to an immediate need for accommodation will be considered to the fullest extent possible.

STATE OF GEORGIA
[Court]

REQUEST FOR REASONABLE ACCOMMODATION

Please complete this form and return to: [Contact Person]. If you need assistance in completing this form, please contact [Contact Person].

Name: _____

Address: _____

Telephone No.: _____

E-mail: _____

I am participating in a court proceeding/activity as a (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Party in a Non-Criminal Case
Criminal Defendant | <input type="checkbox"/> |
| <input type="checkbox"/> Witness | <input type="checkbox"/> Juror or Prospective Juror |
| <input type="checkbox"/> Court Observer | <input type="checkbox"/> Attorney/Legal Staff |
| <input type="checkbox"/> Judicial Officer | <input type="checkbox"/> Other (please specify): |

Type of proceeding/activity for which accommodation is necessary (list all that apply):

Describe the impairment that necessitates the accommodation(s) (specify):

Describe the accommodation(s) you are requesting and explain how the requested accommodation(s) would be effective.

Are you aware of alternative methods that might effectively accommodate your impairment?

Yes No If yes, specify: _____

List all dates/times the accommodation(s) are needed (specify):

Please identify any potential resources or other suggestions for [court] to consider in responding to your accommodation requests.

(continued on next page)

I request that all information pertaining to my accommodation request:

Be kept confidential *Not* be kept confidential

[Oath]

Date: _____

(Print Name)

(Signature)

Review and Action [or Court Order]

Reasonable Accommodation Request Form received from applicant on _____ (Date).

_____ (Date). If necessary, Request for Additional Information requested on

and returned on _____ (Date). If necessary, Request for Additional Information completed

Requested Accommodation *granted* on _____ (Date).

Requested Accommodation *denied* on _____ (Date) because:

Other action taken (explain) on _____ (Date).

Notification to applicant concerning action taken on _____ (Date).

(Date)

(Signature of Court Official)