Americans with Disabilities Act Accommodation Request



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:		
	Phone Number:		
	Email Address:		
	The person is a:		
	☐ Party / Litigant	\square Juror or prospective juror	
	☐ Lawyer / Legal staff	\square Family member	
	☐ Witness	\square Member of the public	
	Other (describe):		
3.	Court visit information:		
	Date for which accommodation is needed:		
	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?			
4.	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			
	$\hfill\Box$ Physical access to the court facility such as parking lot, entrance, restroom, elevator, and courtroom.			
	$\hfill\square$ 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?			

Information about the person filling out this form: (If different from the person the accommodation is being requested for)								
					Name: Mailing Address: Phone Number: Email Address:			
Relationship to the person the accommodation is being requested for:								
	THIS SECTION IS FOR STAFF USE							
ceived by:	Date:							
commodation Provid								