

ADA ACCOMMODATION REQUEST FORM

Please return the completed form to Carrina Cooper, Court Administration, 173 NE Hernando Avenue, Room 408, Lake City, Florida 32055; or via fax 386-758-2162; or via email to ADAmail@jud3.flcourts.org.

Date request submitted: _____

Person needing accommodation:

Name:	
Are you (please indicate one):	Defendant Litigant/Party Witness Juror Victim Attorney Other (please specify):
Address:	
Phone Number:	
Alternate phone:	
Email address:	

Person making request if different than person needing accommodation:

Name:	
Relationship to person needing accommodation:	
Address:	
Phone Number:	
Email address:	

Case information

County in which case is filed:	Columbia Dixie Hamilton Lafayette Madison Suwannee Taylor
Case Number:	
Case type: (indicate one)	Circuit criminal (CF) County civil (CC) Circuit civil (CA) Traffic (CT) Family (DR, DP, DV) Small claims Probate/guardianship Other: County criminal (MM)
Date and time accommodation is needed	Date: Time:
Type of proceeding:	Hearing Trial Mediation

Accommodation(s) Requested:

Describe the nature of the disability that requires accommodation(s):

Accommodation(s) requested:

	Assistive listening device – increases loudness of sounds, minimizes background noises and overrides poor acoustics. The listener uses a receiver with headphones or similar device.
	Communication access real-time translation/transcription services – spoken words are available word for word in a speech to text format on a computer screen to be read
	Sign Language Interpreter (includes American Sign Language, lip reader, etc.)
	Assignment to a courtroom that is accessible to a person using a mobility device (please specify wheelchair, scooter, walker, etc.)
	Provisions of court documents in an alternative format – examples include Braille, large print, or other format for persons who are blind or have low vision
	Other - Please describe:

In some instances, documentation from a qualified health care provider may be required. These requests will be limited to documentation that (a) establishes the existence of a disability, (b) identifies the individual's functional limitations, and (c) describes how the requested accommodation addresses those limitations. Any cost for obtaining documentation shall be responsibility of the person requesting the accommodation.



Stop - The remainder of this form is completed by Court Administration.

Received by Court Administration on: _____

Was additional information requested? YES NO When? _____
If yes, please describe what was requested and the method of the request: (attach correspondence)

Describe the accommodation(s) granted by the court:

If an accommodation is denied, indicate the reason(s) for denial: ¹	
	Based on the information provided, it appears the person does not have a disability as defined by the ADA
	Requested accommodation does not directly correlate to functional limitations
	Request relates to a service, program, or activity outside the court system (transportation, legal representation, mental health counseling, parenting course, etc)
	Requested accommodation would result in undue burden
	Requested accommodation would result in a fundamental alteration
	Other:

Date and method of determination notification: (attach correspondence)

Remarks/comments:

Court staff completing this form / responding to request: _____

¹If the request is denied, granted only in part, or if an alternative accommodation is granted, Rule of Judicial Administration 2.540 requires the court to respond in writing to the individual with a disability. Providing a copy of this form with the appropriate denial indicated is sufficient. If an accommodation is denied due to a finding of undue burden or fundamental alteration, the ADA requires that such determination be made in writing by the chief judge or chief judge's designee.