ADA ACCOMMODATIONS REQUEST FORM-19th Judicial District Court

Information provided in the following 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.

APPLICANT *(name): SSN:*

APPLICANT IS: __ Employee __ Visitor __ Attorney __ Job Applicant __Other (specify)_____

Person submitting request (If different from applicant): _____

APPLICANT'S ADDRESS: _____

TELEPHONE NO: _____

Applicant requests accommodation as follows:

1. Proceedings/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. Impairment necessitating accommodations *(specify):*

4. Type of accommodations desired *(be specific):*

5. How will this accommodation assist you in the activity specified in item #1?

6. Special requests or anticipated problems *(specify):*

I declare under penalty of perjury under the laws of the State of Louisiana that the foregoing is true and correct.

_____ _____ _____

(TYPE OR PRINT NAME) (SIGNATURE OF APPLICANT) (DATE)

FOR COURT USE ONLY

DATE OF REQUEST: _____

Application reviewed by _____ _____

(NAME) (TITLE)

Additional medical information requested __ Yes __ No If yes, copy attached.

Requested accommodation(s) granted and arranged __ Alternative accommodations granted __

Cost of Accommodation $ _____ Applicant notified of decision on (date) _____

_____ _____ _____

(NAME) (TITLE) (DATE)