

<b>REQUEST FOR ACCOMMODATIONS</b>	Court name and location 88-2 District Court, County of Montmorency PO Box 789 Atlanta, MI 49709
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Today's date

**Instructions for completing form.** Provide your name, address, and telephone number. Check the boxes which apply to you and provide any necessary details. When you have completed this request, please return it to the court at the above address.

1. Name \_\_\_\_\_

Address \_\_\_\_\_

City _____	State _____	Zip _____	Telephone no. _____
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2. Court activity you need accommodations for:

Hearing \_\_\_\_\_  
Date \_\_\_\_\_

Mediation meeting \_\_\_\_\_  
Date \_\_\_\_\_

Jury duty \_\_\_\_\_  
Date(s) \_\_\_\_\_

Other (specify): \_\_\_\_\_  
include dates if relevant

3. What is the nature of your disability?

Physical mobility impairment (wheelchair, walker, crutches, etc.)

Speech impairment (specify): \_\_\_\_\_

Visual impairment

Hearing impairment (specify):  deaf  hard of hearing  deaf-blind

Other (specify): \_\_\_\_\_

4. What type of accommodation are you requesting?

Interpreter for deaf (specify whether ASL, tactile, oral, etc.): \_\_\_\_\_

Assistive listening device (specify):  headphones  neckloop  computer-assisted real-time captioning (CART)  
 other: \_\_\_\_\_

NOTE: To determine if other accommodations are available, contact the Division on Deaf and Hard of Hearing, 201 N. Washington Square, Suite 150, Lansing, MI 48913, telephone 517-335-6004, T/V toll free 877-499-6232, T/V fax 517-335-7773.

Physical location accessible for persons with a physical mobility concern.

Other (specify): \_\_\_\_\_

5. If the request for accommodation is denied or if the accommodation does not successfully establish effective communication, the applicant may file a grievance in accordance with the court's established grievance procedure. Upon request, the court shall provide the applicant a copy of the court's established grievance procedure.

For court use only