



MASSACHUSETTS  
TRIAL COURT

MOTION FOR AN ACCOMMODATION UNDER THE  
AMERICANS WITH DISABILITIES ACT

COURT DEPARTMENT

DIVISION/COUNTY

DOCKET NUMBER

CASE NAME

**INSTRUCTIONS**

This form is used to ask the Court to allow an accommodation for a person who is part of a court case. This form must be filed with the court department and division where the case is being heard. You **may** bring this form **in person** or you may send it **by mail**, but **are encouraged to submit this form via eFiling at [efilema.com](https://efilema.com)**.

1. **PERSON WITH A DISABILITY**

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

The Person Needing the Accommodation is a:

☐ Party ☐ Attorney/Legal Staff ☐ Witness ☐ Other \_\_\_\_\_

2. **INFORMATION ABOUT THE COURT HEARING**

The person needs this accommodation for this date and time:

\_\_\_\_\_ Date and Time

3. **REQUESTED ACCOMMODATION(S)**

- ☐ Additional time to submit documents. Specify the document and amount of time needed.
- ☐ Changes to the way testimony is to be given.
- ☐ Extension of filing time.
- ☐ Frequent breaks in the courtroom.
- ☐ Hearing held at a specific time of day.
- ☐ Permission to use personal readers and/or notetakers.
- ☐ Permission to have a personal assistant or support person present for proceedings.
- ☐ Presence of animal, other than trained service animal.
- ☐ Remain seated during proceeding.
- ☐ Use of other equipment in courtroom that will be provided by Requestor.
- ☐ Zoom video conference hearing.
- ☐ Other: \_\_\_\_\_

**Briefly describe the nature of your disability and how this accommodation will assist your participation in the Court event. Please note that this Motion must be served on the other party(s) and they (and the public) will be able to read what you write in this section:**





MASSACHUSETTS  
TRIAL COURT

**MOTION FOR AN ACCOMMODATION UNDER THE  
AMERICANS WITH DISABILITIES ACT (cont.)**

**Impoundment** *(Complete this section if you want to keep the Motion confidential)*

Motions filed with the Court are docketed as part of your case file and may be viewable by the public and opposing party. Under Massachusetts Trial Court Uniform Rule VIII, I request the Court to impound my Motion and make it unavailable for public inspection because:

**DO NOT SEND OR ATTACH MEDICAL RECORDS.**

The Massachusetts Trial Court may request medical records at a later date, if necessary.

**Signed under the penalties of perjury:**

X \_\_\_\_\_  
SIGNATURE OF REQUESTOR TODAY'S DATE

\_\_\_\_\_  
Print or type the name of the Requestor

\_\_\_\_\_  
Phone Number of Requestor

\_\_\_\_\_  
Relationship to Requestor

\_\_\_\_\_  
Email Address of Requestor

\_\_\_\_\_  
Address of Requestor

\_\_\_\_\_  
BBO Number (if applicable)





MASSACHUSETTS  
TRIAL COURT

**MOTION FOR AN ACCOMMODATION UNDER THE  
AMERICANS WITH DISABILITIES ACT (cont.)**

**FOR TRIAL COURT USE ONLY**

Having reviewed the request, I hereby make the following determination:

**DETERMINATION:**

- ☐ The accommodation request(s) is/are approved for this Court event only.
- ☐ The accommodation request(s) is/are approved for this and all future Court events.
- ☐ The accommodation request(s) is/are denied
- ☐ The accommodation request(s) is/are approved in part and denied in part. Describe here:

\_\_\_\_\_

\_\_\_\_\_

- ☐ The Requestor has agreed to an alternative accommodation as described here:

\_\_\_\_\_

\_\_\_\_\_

- ☐ Other:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

X

Judge/Clerk Magistrate

Today's Date

Print Form

Save Form

Reset Form

