



Request Form for an Accommodation under the Americans with Disabilities Act

COURT DEPARTMENT	DIVISION/COUNTY	DOCKET NUMBER
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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 brought to 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**. **Do not submit this form via e-filing.**

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)

- ☐ Assistive Listening Device.
- ☐ CART (Communication Access Real-Time Translation).
- ☐ Email Documents to be used by Digital Audio Readings or Screen Readers.
- ☐ American Sign Language (ASL) Interpreter.
- ☐ Other Sign Language Interpreter. Language: _____
- ☐ Use of Powered Mobility Device other than Requestor's motorized wheelchair.
- ☐ Describe: _____

What other accommodations do you need? Please be specific:

Describe the nature of the disability that makes an accommodation necessary:

Translation is available. Find a list of ADA Coordinators by going to [mass.gov/courts](https://www.mass.gov/courts).





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DO NOT SEND OR ATTACH MEDICAL RECORDS.

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

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)

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

ADA Assistance Coordinator Signature

Today's Date

Print Form

Save Form

Reset Form

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