

MASSACHUSETTS TRIAL COURT
Request for a Reasonable Accommodation for the Exam

Exam Title: _____

Registrant Name: _____

Home Address: _____

Email Address: _____ **Daytime Telephone Number** _____

Please note: This form and the required supporting documentation must be either emailed to **exams@jud.state.ma.us** or faxed to **(617)742-0968** on or before **September 1, 2017**.

I am requesting the following reasonable accommodation for the exam.

I am submitting the required letter of support from a qualified professional detailing what type of accommodation I require at the examination site. This form and letter must be scanned and emailed to **exams@jud.state.ma.us** or faxed to **(617)742-0968** by **September 1, 2017**. Without receipt of such documentation by **September 1, 2017**, we cannot guarantee that we will be able to grant your accommodation. This information is requested only to provide a reasonable accommodation for examinations, and will not be used for any other purposes.

I understand that it is my responsibility to ensure that this Form and the required supporting documentation are provided as outlined above. **I understand that if I do not submit acceptable supporting documentation, my request will be denied.**

I hereby declare under the penalties of perjury that the statement above is true. I understand I may be contacted by the Massachusetts Trial Court if additional information is needed.

Registrant's Signature

Date of Request