

AMERICANS WITH DISABILITIES REQUEST FORM



INSTRUCTIONS

This form must be *fully completed and signed* and filed with the St. Charles Parish Clerk of Court. Visit www.scpclerkofcourt.com for filing information. Submission of an incomplete form may result in denial of your request. You will receive notice of action taken on this application.

Applicant Name	Court Use Only
Street Address	
City/State/Zip	
Telephone Number	
Email Address	
Name of Person Submitting Request	

Judge's Name	Case Number:
Case Name	

Applicant is -	
<input type="radio"/> Witness	<input type="radio"/> Juror
<input type="radio"/> Attorney	<input type="radio"/> Party
<input type="radio"/> Other (specify)	

REQUEST FOR ACCOMODATIONS BY PERSONS WITH DISABILITY

1.	Type of Proceeding: Civil <input type="radio"/> Criminal <input type="radio"/> Juvenile <input type="radio"/>
2.	Proceedings to be covered (e.g., bail hearing, preliminary hearing, particular witness at trial, sentencing hearing):
3.	Dates accommodations needed (specify):
4.	Impairment necessitating accommodations (specify):
5.	Type of accommodations (specify):
6.	Special requests or anticipated problems (specify):
7.	I request my identity be kept: Confidential <input type="radio"/> Not Confidential <input type="radio"/>

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

Applicant Signature Date

ORDER

Considering the foregoing,

- The Request for Accommodation is GRANTED and arranged as requested.
- The Request for Accommodation is DENIED because:
 - _____ Applicant does not have a covered disability.
 - _____ It creates an undue burden on the court.
 - _____ It fundamentally alters the nature of the service, program, or activity.
- The court offers an alternative form of accommodation (see attached).

DONE AND SIGNED this ____ day of _____, 20__.

Judge, 29th Judicial District Court