

Requests for accommodation should be submitted to the court not less than thirty (30) days before the proceeding for which the accommodation is requested. Specific case-related questions (e.g. postponements) should not be made on this form.



☐ COURT OF APPEALS ☐ COURT OF SPECIAL APPEALS

☐ CIRCUIT COURT ☐ DISTRICT COURT OF MARYLAND FOR _____

City/County

Located at _____

Court Address

STATE OF MARYLAND

or

Case No. _____

Plaintiff/Petitioner

VS.

Defendant/Respondent

REQUEST FOR ACCOMMODATION FOR PERSON WITH DISABILITY

Requests for accommodation should be submitted to the court not less than thirty (30) days before the proceeding for which the accommodation is requested.

Name of person needing accommodation: _____

Name of person requesting accommodation (if different person): _____

Person needing accommodation is: ☐ Party ☐ Witness ☐ Juror ☐ Prospective Juror ☐ Attorney

☐ Victim ☐ Victim's Representative ☐ Other (Specify): _____

Applicant requests accommodation under Americans with Disabilities Act (ADA) as follows:

1. Type of court proceeding:

☐ Criminal ☐ Civil ☐ Traffic ☐ Juvenile ☐ Family ☐ Other (Specify): _____

2. Hearing/Trial date (if any): _____ Time: _____

3. Nature of disability or impairment (specify): _____

4. Type of accommodation(s) requested. Be specific. _____

NOTE: If requesting a **sign language interpreter**, specify type: American Sign Language interpreter (ASL), Certified Deaf Interpreter (CDI), or Communication Access Real Time Translation (CART). If requesting a **spoken language interpreter**, please use form CC-DC-041.

Please provide any further information that may assist the court in providing a reasonable accommodation (specify): _____

☐ I request that this information be kept confidential to the extent allowed by law.

I certify that to the best of my knowledge this information is true and correct. I agree to provide medical documentation if required by the court.

Date

Signature of Applicant/Applicant's Representative

CPF ID No.

Printed Name

Telephone Number

Address

City, State, Zip

Fax

Email

The clerks's office and the ADA Coordinator are available to provide further assistance.