

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 BY PERSONS WITH DISABILITIES

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 Applicant: _____

Applicant is: Party Witness Juror Attorney Victim
 Family Member or Guardian of a Victim Other

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

1. Type of court proceeding: Criminal Civil Traffic Juvenile Other: _____

2. Hearing/Trial date: _____ Time: _____

3. Nature of disability related 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 41.]

5. 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

_____ Applicant/Applicant's Representative's Address

_____ Telephone No.

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

The request for accommodation is GRANTED; or
 Alternate accommodation(s) GRANTED (specify):

The request for accommodation is DENIED.
 Applicant does not qualify under the ADA.
 It fundamentally alters the nature of the service program or activity as defined by the ADA.
 It creates an undue burden on the court as defined by the ADA.

_____ Date

_____ Judge/Administrative Official

If you disagree with this decision, you can file a Grievance. (Form CC-DC 50 is available for this purpose.)