

ADA ACCOMMODATIONS REQUEST FORM

Information provided in the following form shall be kept as confidential as is possible. However, persons involved in making decisions to provide an accommodation, as well as those processing this request, must necessarily be informed of the type and nature of the request.

Applicant: _____

Person submitting request (if different than applicant): _____

Address of Applicant: _____

Telephone #: _____

Applicant requests accommodations as follows:

1. Proceedings/activities to be covered (i.e., essential job functions, hearings, meetings, job interviews, visits to court facility)
2. Date(s) accommodations are needed:
3. Impairment necessitating accommodations (specify):
4. Type of accommodations desired (be specific):
5. How will this accommodation assist you in the activity specified in item #1?
6. Special requests or anticipated problems (specify):

I declare under penalty of perjury under the laws of the State of Louisiana that the information provided by the applicant, or otherwise noted, is true and correct.

Type or Print Name of Applicant

Signature of Applicant

FOR COURT USE ONLY

Date of Request: _____

Application reviewed by: _____

Title

Additional medical information requested: ____ Yes ____ No

If yes, attach copy.

Requested accommodation(s) granted and arranged: _____

Alternative accommodations granted: _____

Application notified of decision on: _____

Cost of Accommodation: \$ _____