

APPLICANT (name): _____ APPLICANT is <input type="checkbox"/> Witness <input type="checkbox"/> Juror <input type="checkbox"/> Attorney <input type="checkbox"/> Party <input type="checkbox"/> Other (Specify) _____ Person submitting request (name): _____ APPLICANT'S ADDRESS: _____ _____ TELEPHONE NO.: _____	FOR COURT USE ONLY
NAME OF COURT: _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
JUDGE: _____	
CASE TITLE: _____	DEPARTMENT: _____
REQUEST FOR ACCOMMODATIONS BY PERSONS WITH DISABILITIES AND RESPONSE	CASE NUMBER: _____

Applicant requests accommodation under rule 989.3 of the California Rules of Court, as follows:

1. Type of proceeding: Criminal Civil
2. Proceedings to be covered (for example, bail hearing, preliminary hearing, trial, sentencing hearing, family, probate, juvenile):

3. Date or dates needed (specify): _____

4. Impairment necessitating accommodation (specify): _____

5. Type or types of accommodation requested (specify): _____

6. Special requests or anticipated problems (specify): _____

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

Date: _____

(TYPE OR PRINT NAME)

▶

(SIGNATURE)

RESPONSE

The accommodation request is **GRANTED** and the court will provide the

- requested accommodation, in whole
- requested accommodation, in part (specify below):

- alternative accommodation (specify below):

For the following duration:

- For the above matter or appearance
- From (dates): _____ to _____
- Indefinite period

Date: _____

(TYPE OR PRINT NAME)

The accommodation is **DENIED** because it

- fails to satisfy the requirements of rule 989.3
- creates an undue burden on the court
- fundamentally alters the nature of the service, program, or activity

For the following reason (attach additional pages, if necessary): [See Cal. Rules of Court, rule 989.3(g), for the review procedure.]

▶

(SIGNATURE)

SIGNATURE FOLLOWS THE LAST PAGE OF THE RESPONSE.