

**REQUEST FOR ACCOMMODATION
BY PERSONS WITH DISABILITIES**

JD-ES-264 Rev. 4-17

STATE OF CONNECTICUT
JUDICIAL BRANCH
www.jud.ct.gov



Instructions:

Please do not submit this form using E-Services.

Fill out all of the sections of this form. Send the filled out form to the Americans With Disabilities Act contact person at the court location where the case will be heard. Additional documents may be attached, if necessary.

Name of person requesting accommodation	Telephone number	Date(s) accommodation is needed
Address (number, street, apartment, town, state, zip code)	Case name or docket number (if known)	
Location where accommodation is needed	E-mail (optional)	

Person is
 Juror Defendant Plaintiff Witness Other (Specify): _____

Type of case
 Criminal Civil Other (Specify): _____

I. Describe the nature of the disability that makes an accommodation necessary

II. Describe how the disability affects a major life activity

III. Suggest the reasonable accommodation that is necessary

IV. Special requests or additional comments

Signature	Date
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ADA Notice
The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at www.jud.ct.gov/ADA/

The request for accommodation is **Granted**.

The request for accommodation is **Granted with the following alternate accommodation**.

The request for accommodation is **Denied**

the applicant is not a qualified individual with a disability

the requested modification would cause a fundamental alteration of a program or service

the requested modification would present an undue financial or administrative burden

other (specify)

The applicant has been informed of the option to file a grievance / complaint.

The applicant has been informed of the option to pursue other state or federal agency relief.

Americans with Disabilities Act Division Coordinator or Designee
Signature required in cases of denial

Date
