

**ADA REQUEST FOR
REASONABLE ACCOMMODATION**

JD-ES-352 Rev. 4-24

COURT USE ONLY
ADAREQ


STATE OF CONNECTICUT
SUPERIOR COURT
www.jud.ct.gov



Instructions:

Requests for accommodations may be made using this form, orally, in any other written format, or as required by the Connecticut Practice Book. If you need help completing this form, contact the Centralized ADA Office at 860-706-5310.

Do not submit this form using E-Services.

Send the completed form to ADAprogram@jud.ct.gov or submit the completed form to the Court Clerk at the location where the case will be heard. You may also mail or fax the form to: CT Judicial Branch, Centralized ADA Office, 90 Washington Street, Hartford, CT 06106, Fax: 860-706-5089.

Please make this request at least 10 days before you need the accommodation for timely processing.

Part I - Information (To be completed by person requesting accommodation)

Name		E-mail address	
Address			Telephone number
Date(s) accommodation is needed	Location where accommodation is needed		
Name of case		Docket number (if known)	

I am a: Juror Defendant Plaintiff Witness Other (specify) _____

Type of case: Civil Criminal Family Juvenile Appellate/Supreme
 Other Judicial event _____

Why do you need an accommodation under the Americans with Disabilities Act?

If you are asking for an accommodation that may involve the rights of the other party or parties, such as a continuance, extension of time, or request for a virtual hearing, your request will be shared with the Judge and all attorneys and self-represented parties of record in your case. Only give as much information as you are comfortable sharing. **Do not submit medical records.** If more information is needed, you will be asked to provide it at a later date.

How will the requested accommodation help you?

Please give a detailed response.

You may be asked to provide further information if it is necessary to help us understand what a reasonable accommodation might be.

Part II - Accommodation Request *(To be completed by person requesting accommodation)*

I need: *(select all that apply)*

Administrative Accommodation(s):

- American Sign Language (ASL) ASL and a Certified Deaf Interpreter Support Person
 CART (similar to closed captioning) Assistive listening device Document remediation
(to allow a document to be read by assistive technology)

Sign below and skip Part III if Judicial Accommodation(s) are not requested.

Signature <i>(Required)</i>	Name	Date signed
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Judicial Accommodation(s):

These requests may involve the rights of the other party or parties (e.g., continuance or videoconferencing requests) or a Judge's control of the courtroom (e.g., request to take frequent breaks or to remain seated during a proceeding). They will be decided by a Judge. If the request impacts the rights of the other party or parties, you must send a copy of this form to all attorneys and self-represented parties of record in your case and it will be part of the court file. Part III must be completed. If the request involves the Judge's control of the courtroom, this form generally does NOT need to be sent to counsel and self-represented parties of record.

- Videoconferencing Teleconferencing Alternative time schedule _____
 Extension of time - Request to extend until *(date)* _____
 Continuance - Request to continue case to *(date)* _____ OR at the court's discretion.
 Other:

Sign below.

Signature <i>(Required)</i>	Name	Date signed
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Part III - Certification to All Counsel and Self-Represented Parties

(To be completed by counsel and self-represented parties of record when Judicial Accommodation(s) involve the rights of the other party or parties are requested in Part II. Part III does NOT need to be completed if the Judicial Accommodation request in Part II involves the Judge's control of the courtroom (e.g., request to take frequent breaks or to remain seated during a proceeding))

I certify that a copy of this document was or will immediately be mailed or delivered electronically or non-electronically on the date shown below to all counsel and self-represented parties of record and that written consent for electronic delivery was received from all counsel and self-represented parties of record who received or will immediately be receiving electronic delivery. The following is a listing of the names of each party served and the address at which service was made:

Name	Mailing address (or e-mail address, if applicable)	Date mailed/delivered
Name	Mailing address (or e-mail address, if applicable)	Date mailed/delivered
Name	Mailing address (or e-mail address, if applicable)	Date mailed/delivered
Name	Mailing address (or e-mail address, if applicable)	Date mailed/delivered

Signature <i>(Required)</i>	Name	Date signed
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Part IV - Centralized ADA Office Decision (To be completed by the Centralized ADA Office)

For Administrative Accommodation Requests and ADA Qualification

Your request for an accommodation has been GRANTED as requested or GRANTED with the following alternative accommodation:

Your request for an accommodation is GRANTED IN PART AND DENIED IN PART:

GRANTED:

DENIED:

Your request was DENIED IN PART because:

- You are not a qualified individual under the ADA.
- The accommodation is not directly related to the disability.
- The accommodation asks the Judicial Branch to provide a device or a service that is personal in nature.
- The accommodation creates an undue financial or administrative burden or would cause a fundamental alteration to our programs or services.

Reason(s) for the denial:

Your request for an accommodation is DENIED because:

- You are not a qualified individual under the ADA.
- The accommodation is not directly related to the disability.
- The accommodation asks the Judicial Branch to provide a device or a service that is personal in nature.
- The accommodation creates an undue financial or administrative burden or would cause a fundamental alteration to our programs or services.

Reason(s) for the denial:

Because your request was denied in whole or in part, you are being provided a Complaint form and procedure instructions. The filing of a Complaint will not delay the movement of your case if you are party to a case.

Signature of Judicial Branch ADA Designee (<i>Required for Denials</i>)	Name	Date signed
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Part V - Judicial Order (To be completed by the Court)

For Judicial Accommodation Requests

The Centralized ADA Office has determined you are a qualified individual under the Americans with Disabilities Act.

Your request for an accommodation has been GRANTED as requested or GRANTED with the following alternative accommodation:

Your request for an accommodation is GRANTED IN PART AND DENIED IN PART:

GRANTED:

DENIED:

Your request was DENIED IN PART because:

- The accommodation is not directly related to the disability.
- The accommodation asks the Judicial Branch to provide a device or services that is personal in nature.
- The accommodation creates an undue financial or administrative burden or would cause a fundamental alteration to our programs or services.

Reason(s) for the denial:

Your request for a judicial accommodation is DENIED because:

- The accommodation is not directly related to the disability.
- The accommodation asks the Judicial Branch to provide a device or services that is personal in nature.
- The accommodation creates an undue financial or administrative burden or would cause a fundamental alteration to our programs or services.

Reason(s) for the denial:

Signature of Judge

Name

Date signed

There is no right to immediate appellate review of this Judicial Order. If you disagree with this order, it may be challenged in an appeal from the final judgment pursuant to the rules of practice.

<p>For information on ADA accommodations, contact the Centralized ADA Office at (860) 706-5310 or go to: www.jud.ct.gov/ADA/</p>
