# Maricopa County Superior Court

**Applicant (*name*):**

Applicant's Address:

Applicant's Email Address:

Applicant's Telephone Number:

APPLICANT IS: ◯ Witness ◯ Juror ◯ Attorney ◯ Party ◯ Other

**Name of Court or Court Program, Service or Activity for Which Accommodation is Requested:**

Street Address:

Mailing Address:

City: Zip Code:

**If Accommodation is for Court Case, Specify Case Name:**

**Case Number (if applicable):**

**Request for Accommodations by Persons with Disabilities (and Response)**

(For Court Use Only)

**Applicant requests accommodation under Title II of the Americans with Disabilities Act, as follows:**

1. Type of proceeding or court service, activity or program: ☐ Criminal ☐ Civil ☐ Other (*specify*)
2. Proceedings to be covered (*e.g., trial, bail hearing, preliminary hearing, particular witnesses at trial, sentencing hearing, or other court service, program or activity*):
3. Dates accommodations needed (*specify*):
4. Impairment necessitating accommodations (*specify*):
5. Type of accommodations (*specify*):
6. Special requests or anticipated problems (*specify*):

**In addition to the basic application information the ADA Office will need to better understand the nature of your disability and how it impacts your ability to actively participate in the court environment. Please provide documentation from appropriate medical or psychological personnel which identifies the disability and provides sufficient information regarding the limitations of the disability. This information will also assist the court in providing the appropriate accommodation in your matter**.

(Type or Print Name)

(Signature of Applicant)

**Please give the completed form (and any relevant documents) to Maricopa County Superior Court courtroom staff, or the Clerk's Office, or submit it by mailing it to the ADA Coordinator at the address listed on the next page:**

Hugh Gallagher
ADA Coordinator for Maricopa County Superior Court
125 W. Washington, 3rd Floor
Phoenix, Arizona 85003
602-506-3070
Fax: 602-506-3134

If you need help completing the form, please ask the ADA Coordinator for assistance. Alternative means of submitting an accommodation request, such as by personal interview or a tape recording, will be made available to qualified individuals with disabilities upon request.

Upon receiving the form, the ADA Coordinator will, as soon as reasonably possible, provide a response to the request for accommodation.

For additional detailed information about the Maricopa County Superior Court's Title II ADA policies, please read Maricopa County Superior Court's "Notice of Court Access Information for Persons with Disabilities." This notice is available at the Clerk's Office or from the ADA Coordinator.

---

**RESPONSE TO REQUEST FOR ACCOMMODATION**

The request for accommodation is GRANTED because:

☞ The Applicant satisfies the requirements of the rule.

☞ It does not create an undue burden on the court.

☞ It does not fundamentally alter the nature of the service, program, or activity.

☞ Alternate accommodations granted (*specify*): _____

The request for accommodation is DENIED because:

☞ The Applicant does not satisfy Title II's requirements; and/or

☞ It would create an undue burden on the court; and/or

☞ It would fundamentally alter the nature of the service, program, or activity.

Additional Remarks:

_____

_____

_____

Date: _____ _____
ADA Coordinator (or designee)

**Grievance Procedures:** If you are dissatisfied with the response to your request, you may utilize the Grievance Procedures described in Maricopa County Superior Court's "Notice of Court Access Information for Persons with Disabilities." Grievances must be filed within sixty (60) days of the alleged discriminatory act. You may also utilize any other remedy allowed under federal or state law by filing a complaint with the appropriate federal or state agency.