

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Comp. # (if applicable): _____

ARIZONA SUPERIOR COURT, PIMA COUNTY

In the Matter of

Case Number: _____

Date of Birth: _____

REQUEST FOR REASONABLE ACCOMMODATION FOR DISABILITY

1. I, _____, request reasonable accommodation by the Court for my disability.

2. My relationship to this case is I am the: _____.

3. My disability first arose on or about ____ / ____ / ____ and consists of: _____

4. I request the following form(s) of specific, reasonable, and necessary accommodation:

The undersigned swear or affirm that the statements set forth above are true and correct, subject to the penalties of making a false affidavit or declaration.

Date: _____

Signature of Requesting Party

Copies mailed this date to:
Assigned Division
Court ADA Coordinator
Parties