

Person Filing: \_\_\_\_\_  
Address (if not protected): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Lawyer's Bar Number: \_\_\_\_\_  
Licensed Fiduciary Number: \_\_\_\_\_

FOR CLERK'S USE ONLY

Representing  Self, without a Lawyer or  Attorney for  Petitioner OR  Respondent

## SUPERIOR COURT OF ARIZONA IN 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



ARIZONA SUPERIOR COURT IN PIMA COUNTY
REQUEST FOR LINGUISTIC ACCOMMODATIONS

IN THE MATTER OF \_\_\_\_\_ ) CASE NUMBER: \_\_\_\_\_
\_\_\_\_\_ ) REQUEST FOR: (Mark One)
\_\_\_\_\_ ) [ ] Court Interpreter
\_\_\_\_\_ ) [ ] ADA Accommodation (ASL, CART, ETC.)

Contact Information of Individual Needing an Interpreter and Attorney Requesting an Interpreter:

- 1. Name: \_\_\_\_\_ Attorney: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. City, State, Zip: \_\_\_\_\_
4. Phone: \_\_\_\_\_
5. E-mail: \_\_\_\_\_

- 6. Is the interpreter for a party in the case? Check party below.
[ ] Defendant [ ] Plaintiff [ ] Respondent [ ] Witness (Name/s): \_\_\_\_\_
[ ] Victim/Family member (Name/s): \_\_\_\_\_

Witness(es) or Victim/Family Member(s) are for: [ ] Defense or [ ] Prosecution or [ ] Pro Per

- 7. The hearing date is on: \_\_\_\_\_ at: \_\_\_\_\_ [ ] a.m. [ ] p.m. in Division: \_\_\_\_\_

NOTE: If you have a civil or domestic matter and are requesting an interpreter, please ask that the assigned division set this matter AT 10:30 A.M. OR LATER IN THE DAY.

- 8. Do not file for a Waiver or Deferral of Fees as an interpreter will be provided to you at no cost regardless of ability to pay.

- 9. The primary language is: \_\_\_\_\_ Region/Dialect: \_\_\_\_\_

- 10. [ ] This is also a request for an ADA accommodation and the type of interpreter needed is an:
[ ] American Sign Language Interpreter [ ] Lip reader and/or Assisted Listening Device
[ ] CART (can read and articulate, and need to follow the proceedings in written English)
[ ] Mexican Sign Language Interpreter... [ ] Other: \_\_\_\_\_

- 11. [ ] I have filed this form with the Office of the Clerk of the Court for imaging in the case file

- 12. [ ] I have submitted to the Office of the Court Interpreter by email to: CtInterpreter@sc.pima.gov or by fax to: 520-724-8872, a copy of this form 10 business days in advance of my hearing.
If it is an emergency hearing, you must call 520-724-3888 a.s.a.p. Forms are also accepted via U.S. Mail (Arizona Superior Court in Pima County, Office of the Court Interpreter, 110 W. Congress, Ste. W919, Tucson, AZ 85701) or you may hand deliver it to the Superior Courthouse, 9th Floor, Suite W919.

- 13. [ ] I have forwarded a copy to the court division that will hear my case.