

Case Name:

Arizona Superior Court in Pima County

ADA Request for Reasonable Accommodation

1. Case No: ______Date: _____

auress.	Phone No.:(Mailing Address) (Area Code, Phone Number)					
((Mailing Address)		(A	(Area Code, Phone Number)		
			Email:			
(City, State, Zip Code)					
I am p	articipating in a court pr	oceedi	ng/activity as a (check all tha	t apply):		
	Petitioner/Plaintiff		Defendant/Respondent		Attorney	
	Witness		Juror		Judicial Officer	
	Other (Specify interes	st in or	connection to proceeding, if	any)		
					11 . 1 . 1 .	
eeing, rea	ading or writing)?		more of your major life activ			
eeing, rea	ading or writing)?					

1) Be on official letterhead from a licensed or certified health professional appropriate for

2) Make a recommendation for the <u>specific</u> accommodations with current detailed documentation

diagnosing and treating the disability;

3) Be dated within the last three years.

supporting the request;

4. List all known dates/times the accommodation(s) are needed (specify):
5. Why is an accommodation needed?
6. What accommodation would you like? And why?
7. Please provide any information that would help the court respond to your request.
8. How do you want to be informed of the status of your request for accommodation?
□ Phone □ Writing □ Email □ In Person □ Other(specify):
I declare under penalty of perjury under the laws of the state of Arizona that the foregoing is true and correct
Date: at (City, State
(Type or Print Name of Person Requesting) (Signature of Person Requesting)
Please email form to <u>SCADAHelp@sc.pima.gov</u> or mail to:

ADA Coordinator Arizona Superior Court in Pima County Ninth Floor 110 W. Congress Street Tucson, AZ 85701