

## Arizona Superior Court in Pima County

## **ADA Request for Reasonable Accommodation**

1. C	Case N	Jo:		Date:					
Case	Name	2:							
Address:(Mailing Address)				Phone No.:					
			(Area Code, Phone Number)						
	(0	City, State, Zip Code)		Email:					
3. I am participating in a court proceeding/activity as a (check all that apply):									
		Petitioner/Plaintiff		Defendant/Respondent		Attorney			
		Witness		Juror		Judicial Officer			
	□ Other (Specify interest in or connection to proceeding, if any)								
What is the disability that limits one or more of your major life activities (e.g., walking, hearing, speaking, seeing, reading or writing)?									
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Will this disability require special accommodations in order for you to conduct your business in the court? Yes No

If yes, please describe below the special accommodations needed on the next page or a separate sheet if necessary. Please be as specific as possible with your request.

4. List all known dates/times the accommodation(s) are needed (specify):									
5. Why is an accom	modation needed?								
6. What accommod	ation would you like	e? And why?							
7. Please provide an	y information that w	vould help the co	urt respond to your request.						
8. How do you wan	t to be informed of t	he status of your	request for accommodation	?					
□ Phone	□ Writing		□ In Person	$\Box$ Other(specify):					
I declare under pena	alty of perjury under	the laws of the s	state of Arizona that the fore	going is true and correct.					
Date:		at		(City, State)					
(Type or Print Nam	e of Person Request	ing)	(Signature of Person Requesting)						
Please email form to	o <u>SCADAHelp@sc.</u>	<u>pima.gov</u> or mai	l to:						
			ADA Coordinator Arizona Superior Court in Ninth Floor 110 W. Congress Street Tucson, AZ 85701	n Pima County					