

ADA Accommodations Request Form - Court of Appeal, Second Circuit

Information provided in the following form shall be kept as confidential as is possible. However, persons involved in making decisions to provide an accommodation, as well as those processing this request, must necessarily be informed of the type and nature of the request. Medical documentation may be required for requests for long term accommodations and shall be reviewed every 30 days to establish ongoing need.

Applicant Name: _____	SSN: _____
Applicant is: <input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Attorney <input type="checkbox"/> Job Applicant <input type="checkbox"/> Other _____	
Person submitting request (if different from applicant): _____	
Applicant's Address: _____ _____	
Telephone No.: _____	

Applicant requests accommodation as follows:

1. Proceedings/activities to be covered (e.g.: essential job functions, hearings, meetings, job interviews, visits to court facility):

2. Date(s) accommodations needed:

3. Impairment necessitating accommodations (specify):

4. Type of accommodations desired (be specific):

5. How will this accommodation assist you in the activity specified in item #1?

6. Special requests or anticipated problems (specify):

I declare under penalty of perjury under the laws of the State of Louisiana that the foregoing is true and correct.

(Type or Print Name) (Signature of Applicant) (Date)

