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: □ Employee □ Visitor □ Attorney □ Job Applicant □ Other			
Person submitting request (if diff	ferent from applicant):		
Applicant's Address:			
Applicant requests accommodati	ion as follows:		
1. Proceedings/activities to be covinterviews, visits to court facility):	ered (e.g.: essential job functions, h	earings, meetings, job	
2. Date(s) accommodations needed	d:		
3. Impairment necessitating accom	nmodations (specify):		
4. Type of accommodations desire	ed (be specific):		
5. How will this accommodation a	assist you in the activity specified in	item #1?	
6. Special requests or anticipated p	problems (specify):		
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)	

For Court Use Only

Date of Request:	
Application reviewed by:	
(Name)	(Title)
Additional medical information requested: Yes D Nedical documentation shall be reviewed every 30 days for needed.	
Requested accommodation(s) granted and arranged \Box	
OR Alternative accommodations granted	
Cost of Accommodation \$	
Applicant notified of decision on (date)	
(Signature of Reviewer)	(Date)