


Requests for accommodation should be submitted to the court not less than thirty (30) days before the proceeding for which the accommodation is requested. Specific case-related questions (e.g. postponements) should not be made on this form.


 COURT OF APPEALS COURT OF SPECIAL APPEALS
 CIRCUIT COURT DISTRICT COURT OF MARYLAND FOR _____
 Located at _____ City/County
 STATE OF MARYLAND _____ Court Address
 or _____ Case No. _____
 _____ vs. _____
 Plaintiff/Petitioner Defendant/Respondent

REQUEST FOR ACCOMMODATION FOR PERSON WITH DISABILITY

Requests for accommodation should be submitted to the court not less than thirty (30) days before the proceeding for which the accommodation is requested.

Name of person needing accommodation: _____
 Name of person requesting accommodation (if different person): _____
 Person needing accommodation is: Party Witness Juror Prospective Juror Attorney
 Victim Victim's Representative Other (Specify): _____

Applicant requests accommodation under Americans with Disabilities Act (ADA) as follows:

- Type of court proceeding:
 Criminal Civil Traffic Juvenile Family Other (Specify): _____
- Hearing/Trial date (if any): _____ Time: _____
- Nature of disability or impairment (specify): _____
- Type of accommodation(s) requested. Be specific. _____

NOTE: If requesting a **sign language interpreter**, specify type: American Sign Language interpreter (ASL), Certified Deaf Interpreter (CDI), or Communication Access Real Time Translation (CART). If requesting a **spoken language interpreter**, please use form CC-DC-041.

Please provide any further information that may assist the court in providing a reasonable accommodation (specify): _____

I request that this information be kept confidential to the extent allowed by law.

I certify that to the best of my knowledge this information is true and correct. I agree to provide medical documentation if required by the court.

_____ Date Signature of Applicant/Applicant's Representative CPF ID No.
 _____ Printed Name Telephone Number
 _____ Address City, State, Zip
 _____ Fax Email

The clerks's office and the ADA Coordinator are available to provide further assistance.