

ADA ACCOMMODATIONS REQUEST FORM
Fifth Circuit Court of Appeal

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.

APPLICANT NAME: _____ SSN: _____
APPLICANT IS: <input checked="" type="checkbox"/> Employee <input checked="" type="checkbox"/> Visitor <input checked="" type="checkbox"/> Attorney <input checked="" type="checkbox"/> Job Applicant <input checked="" type="checkbox"/> Other _____ (specify)
Person submitting request, if different from applicant: _____
APPLICANT'S ADDRESS: _____
TELEPHONE NO: _____

Applicant request accommodation as follows:

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

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)

FOR COURT USE ONLY

Date of Request: _____

Application reviewed by _____
(Name) _____
(Title)

Additional medical information requested - Yes No If yes, copy attached.

Requested accommodation(s) granted and arranged
Alternative accommodations granted

Cost of Accommodations
\$ _____

Applicant notified of decision on (date) _____

(Name) _____
(Date)

(Title)