

MESA MUNICIPAL COURT
TITLE II ADA REQUEST FOR ACCOMMODATION

Applicant (*name*):

Street Address:

Email Address:

Telephone Number:

Applicant is: Juror Witness Party Attorney Other

Name of Court or Court Program, Service or Activity for which Accommodation is requested:

Location/Address:

Case Name (*if applicable*):

Case Number:

Type of proceeding, court service, activity, or program:

 Civil Criminal Other

Proceeding, court service, program, or activity (e.g., trial, preliminary hearing, bail hearing, etc., or other):

Applicant requests accommodation under Title II of the Americans with Disabilities Act, as follows:

Dates accommodation needed (*specify*):

Impairment necessitating accommodation (*specify*):

Type of accommodation requested (*specify*):

Special requests or anticipated problems (*specify*):

In addition to the basic application information, the ADA Office may need to better understand the nature of your disability and how it impacts your ability to actively participate in the court environment. We reserve the right to request documentation from the appropriate medical or psychological provider that identifies your disability and provides sufficient information regarding the limitations of the disability. This information will also assist the court to provide you with the appropriate accommodation.

(Print Name)

(Signature & Date)