

Scottsdale City Court

Request for Accommodation by Person with Disabilities (and Response)

Requestor's Name: _____ Requestor's Phone Number: _____

Requestor's Address: _____

Requestor is: Defendant Witness Juror Attorney Party Other: _____

If accommodation is for court case, specify case name and/or case number: _____

Date of Request: _____

Request asks for accommodation under Title II of the Americans with Disabilities Act, as follows:

1. Type of proceedings or court service, activity or program: Criminal Civil
 Other: _____
2. Proceedings to be covered (e.g., trial, hearing, sentencing, or other court service, program or activity):

3. Dates accommodation(s) needed: _____
4. Type of accommodation: _____

5. Reason for accommodation(s)-see note below: _____

6. Special requests or anticipated programs: _____

Requestor's Signature: _____

Note to Question 5-The court requires documentation of the disability and the documentation must originate from qualified evaluators.

1. Please submit the completed ADA request form and the documentation of the disability to the Scottsdale City Court, ADA Coordinator, at courts@scottsdaleaz.gov or mailed to Scottsdale City Court, 3700 N. 75th Street, Scottsdale, AZ 85252, Attn: ADA coordinator.

Response to Request for Accommodation

- | | |
|--|---|
| <input type="checkbox"/> The request for accommodation(s) is GRANTED. | <input type="checkbox"/> The request for accommodation is DENIED because: |
| <input type="checkbox"/> The request for accommodation(s) is GRANTED with alternative(s) as noted below. | <input type="checkbox"/> The requestor does not satisfy rule requirements |
| | <input type="checkbox"/> It would create an undue burden on the court; and/or |
| | <input type="checkbox"/> It would fundamentally alter the nature of the service |

Remarks: _____

ADA Court Coordinator or Designee: _____ Date: _____