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**Scottsdale City Court • 3700 N 75th Street Scottsdale, AZ 85251 • (480) 312-2442**

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**Fax: (480) 312-2764 • [court@scottsdaleaz.gov](mailto:court@scottsdaleaz.gov) • [www.ScottsdaleAZ.gov/Court](http://www.ScottsdaleAZ.gov/Court)  
ORI: AZ007111J • Maricopa County, Arizona**

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### **Filing a Request for Accommodations**

In accordance with the requirement of Title II of the Americans with Disabilities Act of 1990 (“ADA”), the Scottsdale City Court will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs or activities.

The Scottsdale City Court provides reasonable accommodations or modifications to court policies, practices, and procedures upon request to qualified individuals with disabilities who require such accommodations or modifications to participate in court services. The Court is not required to take any action, which would result in a fundamental alteration to the nature of a service, program or activity or cause undue financial or administrative burdens.

Please note the ADA Coordinator may assist you with the instructions for the completion of this form but is prohibited from providing you any legal advice. If you have legal questions, please direct your questions to a private attorney or your public defender if one has been appointed to represent you. Accommodation requests must be completed on the “Request for Accommodations Form” below and submitted at least 10 business days prior to the scheduled proceeding or requested service.

The Court requires documentation of the disability from an appropriate medical or psychological provider that identifies your disability and provides sufficient information regarding the limitations of the disability. Documentation of the disability must be submitted at the same time as the completed Request for Accommodations form. Your request will not be considered if you do not have the proper documentation.

- Proper documentation must include:
  - Name, signature and credentials of evaluator.
  - Requests for accommodations must be clear and specific. Documentation must specify current degree of functional limitation and support needs for specific accommodation(s).
- Unacceptable documentation:
  - Social Security disability benefits card or paperwork.
  - Letters from vocational rehabilitation counselors or other secondary sources.
  - Veteran Administration forms.

### **Instructions for Filing Request for Accommodations Form:**

- 1) Complete all necessary information on the form.
- 2) Submit the completed form to the Court.

#### **If filing by email:**

Attach the completed form and send to [court@scottsdaleaz.gov](mailto:court@scottsdaleaz.gov).

Only Word and PDF documents will be accepted. Photos (.jpeg or other photo files) will not be accepted.

#### **If filing by fax:**

Fax the completed form to Scottsdale City Court at (480) 312-2764.

#### **If filing by mail:**

Mail the completed form to Scottsdale City Court, 3700 North 75<sup>th</sup> Street, Scottsdale, Arizona 85251.

#### **If filing in person:**

Bring the completed form to the Court, take a number in the lobby and wait for a Clerk to assist you or you may place your filing in the drop box.

It is the filer’s responsibility to ensure the Court is in receipt of your filing. All responses will be sent via USPS mail to the last address on file.



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### Request for Accommodations Form

Date of Request: \_\_\_\_\_

**Requestor Contact Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Daytime Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Requestor is:**  Defendant  Witness  Juror  Attorney  Party  Other: \_\_\_\_\_

If accommodation is for a court case, specify case name and/or case number: \_\_\_\_\_

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(s):  
\_\_\_\_\_

5. Reason for accommodation(s):  
\_\_\_\_\_  
\_\_\_\_\_

6. Special requests or anticipated programs:  
\_\_\_\_\_

**I hereby affirm that I am submitting all required documents with this request.**

**Requestor's Signature:** \_\_\_\_\_

**COURT USE ONLY:**

**Response to Request for Accommodation**

- The request for accommodation(s) is GRANTED
- The request for accommodation(s) is GRANTED with alternative(s) as noted below.

- The request for accommodation is DENIED because:
  - The requestor does not satisfy rule requirements
  - It would create an undue burden on the court; and/or
  - It would fundamentally alter the nature of the service

**Remarks:** \_\_\_\_\_

**ADA Court Coordinator or Designee:** \_\_\_\_\_ **Date:** \_\_\_\_\_