

**SEVENTEENTH JUDICIAL CIRCUIT**  
**TITLE II ADA ACCOMMODATION REQUEST FORM**

Please return this completed form to Taiwo Akinkunmi, ADA Coordinator, Room 20140, 201 S.E. 6th Street, Ft. Lauderdale, FL 33301, (954)831-7721, fax (954)831-5572 as far in advance as possible, but preferably at least seven (7) days before your scheduled court appearance or other court activity.

1. Date request submitted: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

2. Person needing accommodation

Name: \_\_\_\_\_

Are you (please check one of the following seven options):

Defendant  Litigant/Party  Witness  Juror  Victim

Attorney  Other (please specify): \_\_\_\_\_

3. Contact information for person needing accommodation

Street or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number (include area code): \_\_\_\_\_

Email Address: \_\_\_\_\_

4. Person making request (if other than the person needing the accommodation)

Name: \_\_\_\_\_

Telephone Number (include area code): \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to person needing an accommodation: \_\_\_\_\_

5. Case information (if applicable)

Style of case (case title), if known: \_\_\_\_\_

Case number, if known: \_\_\_\_\_

Judge, if known: \_\_\_\_\_

Date accommodation needed: \_\_\_\_\_

Time accommodation needed: \_\_\_\_\_

Location (courthouse/courtroom) accommodation needed: \_\_\_\_\_

Duration for which the accommodation is requested: \_\_\_\_\_

Type of case, if known (please check one of the following ten options):

Appeal     Circuit Criminal     Circuit Civil     Family Court

Probate/Guardianship/Mental Health     County Criminal

County Civil     Traffic Court     Small Claim

other (please specify) \_\_\_\_\_

Type of proceeding, if known (please check one of the following six options):

Arraignment     Bond Hearing     Hearing     Trial

Appellate Oral Argument     Other (please specify) \_\_\_\_\_

6. Accommodations requested

Nature of disability that necessitates accommodation: \_\_\_\_\_

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Accommodation requested (please check one of the following six options):

Assistive listening device (Assistive listening systems work by increasing the loudness of sounds, minimizing background noise, reducing the effect of distance, and

overriding poor acoustics. The listener uses a receiver with headphones or a neckloop to hear the speaker.)

[ ] Communication access real-time translation/real-time transcription services (CART is a word-for-word speech-to-text interpreting service for people who need communication access. A rendering of everything said in the courtroom will appear on a computer screen. CART is not an official transcript of a court proceeding.)

[ ] Sign Language Interpreter (Please specify American Sign Language, oral interpreter, signed English, or other type of signing system used by persons with hearing loss.): \_\_\_\_\_

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[ ] Assignment to a courtroom that is accessible to a person using a mobility device (Please specify wheelchair, scooter, walker, or other mobility device that is used.): \_\_\_\_\_

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[ ] Provision of court documents in an alternative format (Please specify Braille, large print, accessible electronic document, or other accessible format used by persons who are blind or have low vision.): \_\_\_\_\_

[ ] Other accommodation (please specify): \_\_\_\_\_

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THE FOLLOWING SECTION IS TO BE COMPLETED BY COURT PERSONNEL ONLY

Name of Person Needing Accommodation \_\_\_\_\_

Case Number \_\_\_\_\_

7. Date request was received: \_\_\_\_/\_\_\_\_/\_\_\_\_

8. Additional oral or written information requested?  Yes  No

If so, describe information: \_\_\_\_\_

9. Describe the accommodation(s) granted by the court: \_\_\_\_\_

10. Indicate the duration the accommodation will be provided: \_\_\_\_\_

11. If an accommodation is denied, indicate reason(s) for denial:

Based on the information provided, it appears the person does not have a disability as defined by the ADA

Requested accommodation does not directly correlate to functional limitations

Request relates to a service, program, or activity outside the court system (transportation, legal representation, mental health counseling, parenting course, etc.)

Request is for an aid/service the courts cannot administratively grant as an accommodation pursuant to Title II of the ADA (official transcript, extension of time, etc.)

Requested accommodation would result in an undue burden

Requested accommodation would result in a fundamental alteration

Other (please specify): \_\_\_\_\_

12. Remarks: \_\_\_\_\_

13. Court staff responding to request: \_\_\_\_\_

14. Date person notified of determination: \_\_\_\_/\_\_\_\_/\_\_\_\_

If the request is denied, granted only in part, or if an alternative accommodation is granted, Rule of Judicial Administration 2.540 requires the court to respond in writing to the individual with a disability. Transmittal of a copy of the section of the accommodation request form by email or by U.S. Mail delivery is one means of providing the written response required by Rule 2.540. If an accommodation is denied due to a finding of undue burden or fundamental alteration, the Americans with Disabilities Act requires that such determination be made in writing by the chief judge or chief judge's designee.