SEVENTEENTH JUDICIAL CIRCUIT
TITLE II ADA ACCOMMODATION REQUEST FORM

Please return this completed form to Diana Sobel, 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: _____

_____

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.):_____

_____

[ ] 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.):_

_____

[ ] 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): _____

_____

_____

_____

_____

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.