|  |  |
| --- | --- |
| **STATE OF WISCONSIN, CIRCUIT COURT,** **COUNTY** |  |
|  | ADA Accommodation Request |
| Case No. (if any)        |

1.

|  |  |  |
| --- | --- | --- |
| *Name of Person Requesting Accommodation*  | E-mail Address      | Address      |
| Telephone/TTY Number       | Date Request Submitted      |

2. The person who needs the accommodation is a

[ ]  party. [ ]  witness. [ ]  juror. [ ]  attorney.

[ ]  Other:

3. The accommodation will be needed

[ ]  on [Date]       at [Time]       [ ]  a.m. [ ]  p.m.

[ ]  for all proceedings related to this case.

4. The accommodation needed is

[ ]  Wheelchair space

[ ]  American Sign Language (ASL) interpreter(s)

[ ]  Other sign language interpreter(s) [Specify]

[ ]  Oral interpreter

[ ]  Realtime (videotext) translation

[ ]  Assistive listening device

[ ]  Large print/enlarged materials

[ ]  Breaks for medical reasons [State reason/frequency]

|  |
| --- |
| [ ]  Other: [Specify]       |

 *(Complete the following, if different from #1 above.)*

5. Name of person completing this form:

 Telephone/TTY Number:       E-mail Address:

 Mailing Address:

**APPROVAL**

 [ ]  This accommodation request is **approved**.

|  |
| --- |
| [ ]  This accommodation request is **denied** because:       |

 **BY:**

|  |  |
| --- | --- |
| Distribution: 1. Judge 2. Clerk of Court 3. Attorney/Party 4. Other:        |        Court Official/Court ADA Coordinator       Title (Print or Type Name if not eSigned)       Date |