|  |  |  |
| --- | --- | --- |
| **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 |