



MINNESOTA JUDICIAL BRANCH

Americans with Disabilities Act (ADA) Accommodation Request Form

Instructions: Please fill out all sections of this form. To save this form with the intention of finishing it later, go to **File, Save As**. Then, select the location on your computer where you would like to save this form. Any data you entered will be saved with the form.

When finished, **mail, fax or deliver** the completed form to the Americans with Disabilities Act (ADA) contact person at the court location where the case will be heard. Additional documents may be attached, if necessary. Please submit your completed form **at least 10 business days** prior to the date you need an accommodation, if at all possible.

Date submitted

Date(s) accommodation is needed

Court location where accommodation is needed

Case name or court file number (if known)

Name of person needing an accommodation

Address (number, street, apartment, city, state, zip code)

Telephone number

Email (optional)

Person is:

Juror Defendant Plaintiff Witness Other (*Specify*): _____

Type of Case:

Criminal Civil Conciliation Family Juvenile Other (*Specify*): _____

I. What specific accommodation(s) are you requesting?

II. Please provide any additional information that might be useful in reviewing your accommodation request.

Form completed by:

Self Other (*print name*): _____