

<b>REQUEST FOR ACCOMMODATIONS</b>	7 <sup>th</sup> Judicial Circuit Court Circuit Court Administration 900 S. Saginaw St. Flint, MI 48502 Ph: 810.424.4414 Fax: 810.257.0512
<b>Today's Date:</b> _____	<b>Instructions for completing form:</b> Please complete the form in as much detail as possible. Return it to the Court by fax or mail to the above address.

Case No.: \_\_\_\_\_

email form to: [tpoe@co.geneseee.mi.us](mailto:tpoe@co.geneseee.mi.us)

**1. Person needing accommodation:**

Name:			
Address:			
City:	State:	Zip:	Phone(s):

**2. Court activity you need accommodation for:**

<input type="checkbox"/> Hearing:	Date:	Time:	Judge/Location:
<input type="checkbox"/> Mediation Meeting: Date:			
<input type="checkbox"/> Jury Duty: Date:			
<input type="checkbox"/> Other (specify and include relevant dates):			

**3. What is the nature of your disability?**

<input type="checkbox"/> Physical mobility impairment (wheelchair, walker, crutches, etc.)
<input type="checkbox"/> Speech impairment (specify):
<input type="checkbox"/> Visual impairment
<input type="checkbox"/> Hearing impairment (specify): <input type="checkbox"/> deaf <input type="checkbox"/> hard of hearing
<input type="checkbox"/> Other (specify):

**4. What type of accommodation are you requesting?**

<input type="checkbox"/> Interpreter for the deaf (specify ASL, tactile, oral, etc.):
<input type="checkbox"/> Assistive listening device (specify type of device):
<input type="checkbox"/> Physical location-accessible for persons with a physical mobility concern.
<input type="checkbox"/> Other (specify):