

ADA ACCOMMODATIONS REQUEST FORM-Louisiana Third Circuit Court of Appeal

Information provided in the following form shall be kept as confidential as is possible. However, persons involved in making decisions to provide an accommodation, as well as those processing this request, must necessarily be informed of the type and nature of the request.

APPLICANT (name): _____	SSN: _____
APPLICANT IS: <input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Attorney <input type="checkbox"/> Job Applicant <input type="checkbox"/> Other (specify) _____	
Person submitting request (If different from applicant): _____	
APPLICANT'S ADDRESS: _____	
TELEPHONE NO: _____	

Applicant requests accommodation as follows:

1. Proceedings/activities to be covered (e.g.: *essential job functions, hearings, meetings, job interviews, visits to court facility, library usage*):
2. Date(s) accommodations needed:
3. Impairment necessitating accommodations (*specify*):
4. Type of accommodations desired (*be specific*):
5. How will this accommodation assist you in the activity specified in item #1?
6. Special requests or anticipated problems (*specify*):

I declare under penalty of perjury under the laws of the State of Louisiana that the foregoing is true and correct.

(TYPE OR PRINT NAME)

(SIGNATURE OF APPLICANT)

(DATE)

FOR COURT USE ONLY

DATE OF REQUEST: _____

Application reviewed by _____
(NAME) (TITLE)

Additional medical information requested Yes No If yes, copy attached.

Requested accommodation(s) granted and arranged Alternative accommodations granted

Cost of Accommodation \$ _____ Applicant notified of decision on (date) _____

(NAME)

(TITLE)

(DATE)