
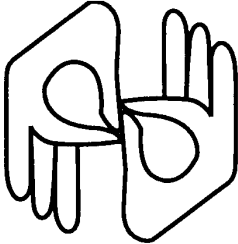



# Accommodations for People who are Deaf, Hard of Hearing or Deafblind

1. WHAT IS YOUR NAME? \_\_\_\_\_
2. TODAY'S DATE \_\_\_\_\_
3. COURT NAME AND LOCATION: \_\_\_\_\_
4. WHY ARE YOU HERE TODAY?
  - To file paperwork/petition for: \_\_\_\_\_
  - To pay a fine.
  - To ask for accommodations for a hearing on (DATE) \_\_\_\_\_
  - Other (please explain): \_\_\_\_\_
5. DO YOU NEED ASSISTANCE COMMUNICATING? \_\_\_\_\_
6. WHAT KIND OF ACCOMMODATION DO YOU PREFER?\*( PLEASE SPECIFY)

		 <b>CART Services</b> Real-time captioning in Courtroom
<b>Assistive Listening Device</b> <ul style="list-style-type: none"> <li>• Yes, I have a hearing aid.               <ul style="list-style-type: none"> <li>○ With a T-switch</li> <li>○ No T-Switch</li> </ul> </li> <li>• No, I do not have a hearing aid.</li> </ul>	<b>Sign Language Interpreter</b> <ul style="list-style-type: none"> <li>• ASL</li> <li>• Other/CDI</li> <li>• Tactile</li> <li>• Close Vision</li> </ul>	<b>“Qualified” Reader/Writer</b> Someone able to read/write effectively, accurately, and impartially, using any necessary specialized vocabulary.

*\*Accommodations may need to be scheduled in advance.*

Accommodation(s) Provided: \_\_\_\_\_

Date Accommodation Provided: \_\_\_\_\_ Requester Initials: \_\_\_\_\_

Employee Assisting w/Form (Please Print): \_\_\_\_\_ Employee Initials: \_\_\_\_\_