ADA ACCOMMODATIONS REQUEST FORM

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.

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APPLICANT (name): SSN:			
APPLICANT IS: Employee Visitor Attor	ney Job Applicant	Other (specify)	
Person submitting request (If different from applicant):			
APPLICANT'S ADDRESS:			
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)	(SIGNATU	RE OF APPLICANT)	(DATE)
FOR COURT USE ONLY			
DATE OF REQUEST:	_		
Application reviewed by		(TITLE)	
Additional medical information requested Yes	No If yes, copy a		
Requested accommodation(s) granted and arranged Alternative accommodations granted			
Cost of Accommodation \$Applicant notified of decision on (date)			