Approved, SCAO

REVIEW OF REQUEST FOR ACCOMMODATIONS AND RESPONSE **Telephone # of ADA coordinator: 269-383-8898** Michigan Avenue Courthouse, Gull Road Justice Complex and the Juvenile Home **Telephone # of ADA coordinator: 269-384-8024** Crosstown Center	Court name and location ☐ Michigan Avenue Courthouse - 227 West Michigan Avenue, Kalamazoo, MI 49007 ☐ Crosstown - 150 E Crosstown Parkway, Kalamazoo, MI 49001 ☐ Gull Road Justice Complex - 1536 Gull Road, Kalamazoo, MI 49048 ☐ Juvenile Home - 1424 Gull Road, Kalamazoo, MI 49048

You should request accommodations as far as possible in advance of your court appearance or other court activity. To request accommodations, complete and return this form to the court at the above address. If you need help completing this form, contact the ADA coordinator at the above telephone number. To properly evaluate your request, the court may ask you for more information.

The ADA coordinator will respond to your request before the court appearance or other court activity. If your request is denied, you may request a review in accordance with the court's local administrative order. At your request, the court will provide you a copy of the local administrative order.

Today's date

APPLICANT INFORMATION (to be kept confidential)

Applicant is ☐ **Witness** ☐ **Juror** ☐ **Attorney** ☐ **Party** ☐ **Other (specify)**			
Case name and number (if applicable)			
Name	E-mail address		
Address			
City	State	Zip	Telephone no.

1. What type of proceeding or court service, activity, or program are you attending (i.e., hearing, jury duty, mediation meeting, trial)?

2. On what dates do you need accommodations?

3. For what impairment do you need accommodations (for a sign language interpreter, specify ASL, CDI, or CART)?

4. What type of accommodations do you need?

RESPONSE TO REQUEST

BELOW FOR COURT USE ONLY

☐ The request is **GRANTED**

☐ for the above matter or appearance, ☐ from _____ to _____, ☐ for an indefinite period,

☐ in whole as follows: (specify the accommodations)

☐ in part. As consented to by the applicant, alternative accommodations are as follows: (specify the accommodations)

☐ The request is **DENIED** because

☐ the applicant is not a qualified individual with a disability under the ADA.

☐ the request creates an undue financial or administrative burden on the court (as defined by the ADA).

☐ the request fundamentally alters the nature of the service, program, or activity (as defined by the ADA).

The basis for this denial is: (Specify on separate sheet if need. Include alternative accommodations offered but rejected by the applicant)

The applicant was notified of the court's response ☐ by phone ☐ by mail ☐ by e-mail ☐ in person on

_____ by _____.

Date Name