

**REQUEST FOR ACCOMMODATION  
BY PERSONS WITH DISABILITIES**

JD-ES-264 New 1-10

STATE OF CONNECTICUT  
**JUDICIAL BRANCH**  
www.jud.ct.gov



**Instructions:** Fill out all of the sections of this form. Send the filled out form to the Americans With Disabilities Act contact person at the court location where the case will be heard. Additional documents may be attached, if necessary.

Name of person requesting accommodation	Telephone number	Date(s) accommodation is needed
Address (number, street, apartment, town, state, zip code)	Case name or docket number (if known)	
Location where accommodation is needed	Email (optional)	
Person is <input type="checkbox"/> Juror <input type="checkbox"/> Defendant <input type="checkbox"/> Plaintiff <input type="checkbox"/> Witness <input type="checkbox"/> Other (Specify): _____		
Type of case <input type="checkbox"/> Criminal <input type="checkbox"/> Civil <input type="checkbox"/> Other (Specify): _____		

**I. Describe the nature of the disability that makes an accommodation necessary**

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**II. Describe how the disability affects a major life activity**

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**III. Suggest the reasonable accommodation that is necessary**

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**IV. Special requests or additional comments**

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Signature	Date
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The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at [www.jud.ct.gov/ADA/](http://www.jud.ct.gov/ADA/)

The request for accommodation is **Granted**.

The request for accommodation is **Granted with the following alternate accommodation**.

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The request for accomodation is **Denied**

the applicant is not a qualified individual with a disability

the requested modification would cause a fundamental alteration of a program or service

the requested modification would present an undue financial or administrative burden

other (specify)

The applicant has been informed of the option to file a grievance / complaint.

The applicant has been informed of the option to pursue other state or federal agency relief.

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Americans with Disabilities Act Division Coordinator or Designee  
\*\*Signature required in cases of denial\*\*

Date

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