Located at	CT COURT OF MARYLAND FOR
STATE OF MARYLAND	City/County Court Address
or	Case No.
	vs.
	US. Defendant/Respondent
	ATION BY PERSONS WITH DISABILITIES
Requests for accommodation should be submi- proceeding for which the accommodation is re	itted to the court not less than thirty (30) days before the equested.
Name of Applicant:	
Applicant is: 🗌 Party 🔲 Witness 🔲 Juro	or 🗌 Attorney 🗌 Other
Applicant requests accommodation under Am	nericans with Disabilities Act (ADA) as follows:
1. Type of court proceeding: 🗌 Criminal 🗌	Civil 🛛 Traffic 🔲 Juvenile 🗌 Other:
2. Hearing/Trial date:	Time:
3. Nature of disability related impairment (sp	pecify):
	list of examples of accommodations is available at the
clerk's office). If requesting sign language into	erpreter, specify type:
5. Please provide any further information that	erpreter, specify type:
5. Please provide any further information that accommodation (specify):	t may assist the court in providing a reasonable
<ul> <li>5. Please provide any further information that accommodation (specify):</li> <li>I request that this information be kept confil certify that to the best of my knowledge this</li> </ul>	t may assist the court in providing a reasonable fidential to the extent allowed by law.
<ul> <li>5. Please provide any further information that accommodation (specify):</li> <li>I request that this information be kept confil certify that to the best of my knowledge this</li> </ul>	t may assist the court in providing a reasonable fidential to the extent allowed by law.
<ul> <li>5. Please provide any further information that accommodation (specify):</li> <li>I request that this information be kept confil certify that to the best of my knowledge this documentation if required by the court.</li> </ul>	t may assist the court in providing a reasonable Fidential to the extent allowed by law.
<ul> <li>5. Please provide any further information that accommodation (specify):</li> <li>I request that this information be kept confil certify that to the best of my knowledge this documentation if required by the court.</li> </ul>	t may assist the court in providing a reasonable  fidential to the extent allowed by law.  information is true and correct. I agree to provide medica  Signature of Applicant/Applicant's Representative Telephone No.
<ul> <li>5. Please provide any further information that accommodation (specify):</li> <li>I request that this information be kept confil certify that to the best of my knowledge this documentation if required by the court.</li> </ul> Date Date Date Date Date	t may assist the court in providing a reasonable fidential to the extent allowed by law. information is true and correct. I agree to provide medica Signature of Applicant/Applicant's Representative Telephone No. are available to provide further assistance.
5. Please provide any further information that accommodation (specify):	t may assist the court in providing a reasonable  Fidential to the extent allowed by law.  Fidential to the extent allo
<ul> <li>5. Please provide any further information that accommodation (specify):</li> <li>I request that this information be kept confil certify that to the best of my knowledge this documentation if required by the court.</li> </ul> Date Date Date The clerk's office and the ADA Coordinator a The request for accommodation is GRANTED	t may assist the court in providing a reasonable  Fidential to the extent allowed by law.  Fidential to the extent allo