

FORM TO BE KEPT CONFIDENTIAL (if box checked)

APPLICANT (name): APPLICANT IS: <input type="checkbox"/> Witness <input type="checkbox"/> Juror <input type="checkbox"/> Attorney <input type="checkbox"/> Party <input type="checkbox"/> Other Person submitting request (name): APPLICANT'S ADDRESS: TELEPHONE NO.: NAME OF COURT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: NAME OF JUDGE: CASE NAME:	FOR COURT USE ONLY CASE NUMBER:
REQUEST FOR ACCOMMODATIONS BY PERSONS WITH DISABILITIES and ORDER	

Applicant requests accommodation under California Rules of Court, rule 989.3, as follows:

1. Type of proceeding: Criminal Civil
2. Proceedings to be covered (e.g., bail hearing, preliminary hearing, particular witnesses at trial, sentencing hearing):
3. Dates accommodations needed (specify):
4. Impairment necessitating accommodations (specify):
5. Type of accommodations (be specific):
6. Special requests or anticipated problems (specify):
7. I request that my identity be kept CONFIDENTIAL NOT be kept CONFIDENTIAL.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

.....
(TYPE OR PRINT NAME)

▶

(SIGNATURE OF APPLICANT)

ORDER

- The request for accommodations is GRANTED because
- the applicant satisfies the requirements of the rule.
 - it does not create an undue burden on the court.
 - it does not fundamentally alter the nature of the service, program, or activity.
 - Alternate accommodations granted (specify):

- The request for accommodations is DENIED because
- the applicant does not satisfy the requirements of the rule.
 - it creates an undue burden on the court.
 - it fundamentally alters the nature of the service, program, or activity.
- (Specify):

Date:

JUDGE