

# ADA REQUEST FORM

Request for Accommodation by Person with a Disability

If you require an accommodation under the Americans with Disabilities Act (ADA) for a program or service, it is recommended that you make your request at least two weeks in advance in order to allow the court time to review your request and make arrangements for the accommodation. All requests for accommodation, regardless of timeliness, will be given due consideration and if necessary, may require an interactive process between the requester and the court to determine the best course of action. If your request is non-ADA related, please visit our website at [www.courts.state.co.us](http://www.courts.state.co.us) for further instructions. If you need assistance in filling out this form, please contact the [Jury Commissioner](#) or [ADA Coordinator](#).

When you are done completing this form, please forward it to the Jury Commissioner or ADA Coordinator. You will be notified once a decision is made in regards to your request.

## Genetic Information Nondiscrimination Act or 2008 Compliance:

When filling out this form, **do not provide any genetic information** which is defined to mean: information about the individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

### \* Required fields

#### \*Requestor is:

Party  Observer  Witness  Attorney  Probationer  Prospective Employee  Victim

Juror – Juror Number \_\_\_\_\_  - Other \_\_\_\_\_

\*Name \_\_\_\_\_ Email Address \_\_\_\_\_

\* Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

#### \*Court Type:

County Court  District Court  Denver Juvenile  Denver Probate Court  
 Court of Appeals  Supreme Court  Court of Appeals  Unknown

County of Filing \_\_\_\_\_ Court Address \_\_\_\_\_

#### Proceeding Type:

Civil  Criminal  Juvenile  Probate  Unknown

Service/Program Type \_\_\_\_\_

Case Name & Number \_\_\_\_\_

Dates, times and locations when accommodations are needed.

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Please describe the physical or mental limitation necessitating accommodation.

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Please explain the type of accommodation(s) requested and any special requests or anticipated problems. Primary consideration will be given to the requested accommodation; however, the Colorado Judicial Department reserves the right to offer an alternative accommodation if one is more readily available and equally effective in accommodating your needs.

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**By signing this form, I attest that the information is true to the best of my knowledge and I authorize this ADA request to be submitted.**

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Signature

Date

**Please note** - Additional information may be needed to process your ADA request. Some requests may require consultation with the judicial officer and a ruling on the request for accommodation. The ADA Coordinator will facilitate this discussion.