

Lane County Circuit Court  
Request for Accommodation by Person with Disability

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| Applicant (name):<br>Person submitting request (name if different from applicant): |
| Applicant Address:   |
| Contact Phone Number:  |

1. Name of proceeding(s) to be covered:

2. Date(s) of proceeding(s):

3. Case Number (if applicable):

4. Applicant is:  Party  Witness  Juror  Attorney  Other (specify) \_\_\_\_\_

5. Type of disability needing accommodation:

6. Type of accommodation needed or preferred:

Date: \_\_\_\_\_

.....  
(Type or print name)

\_\_\_\_\_  
(Signature of applicant)

As soon as possible, or at least two judicial days prior to the proceeding, submit this form to:  
Trial Court Administration, Lane County Circuit Court, 125 East 8<sup>th</sup> Ave, Eugene, OR 97401  
Phone: 541.682.4020 Fax: 541.682.2049