



Multnomah County Circuit Court

Americans with Disabilities Act (ADA) Accommodation Form

Instructions:

If you are requesting an ADA accommodation, please complete this form and return it to the court's ADA coordinator as soon as possible. Uniform Trial Court Rule 7.060 requires accommodation requests must be sent at least four (4) days before the court event. The court may waive the four-day requirement if good cause is shown.

For more information about ADA accommodations in Multnomah County Circuit Court, please contact the ADA Coordinator:

Phone: (971)236-8671
Email: mul.ada.coordinator@ojd.state.or.us
TTY: 711 (Oregon Relay Service)

When you complete this form, please return it to:

ADA Coordinator Multnomah Circuit Court
1200 SW First Avenue
Portland, OR 97204

PLEASE DO NOT INCLUDE MEDICAL DOCUMENTS

Fill out the information below as best you can

Contact and Case Information

1. Date of request: _____

2. Person requiring accommodation

Full Name: _____

Street Address / PO Box: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

What is your role in this case?

☐ Party/Litigant ☐ Witness ☐ Juror ☐ Victim ☐ Attorney ☐ Other:

3. Person submitting request / Contact person

Name: _____

☐ Self ☐ Court Staff ☐ Attorney ☐ Other:

Phone Number: _____ Email: _____

4. Case Information (complete only parts that apply)

Case name: _____ Case number: _____

Judge: _____ Location (courtroom or other): _____

Accommodation needed date: _____ Start Time: _____ End Time: _____

Please complete page 2

ADA Accommodation Information

Following Title II of the Americans with Disabilities Act, Multnomah Circuit Court will make fair and acceptable change in customs and beliefs.

We can provide auxiliary aids and services such as:

- Interpreters
- Reading Assistance
- Real Time Captioning
- American Sign Language
- Taped Text
- Braille
- Large Print

We can sometimes allow:

- Services at alternative sites as appropriate and necessary.

The court is not required to grant accommodation requests that cause too much financial or administrative strain or that require the court to change the nature of its services or programs.

1. What is the nature of the disability requiring accommodation?

2. What is the accommodation you are requesting (check appropriate box for common accommodations, if applicable):

- ☐ Assistive listening device (available types: personal, mobile wireless receivers with headphones and neck loops suitable for use with certain hearing aids. Bluetooth capable listening devices not available)
- ☐ Communication access real-time translation / real-time transcription (CART) (word-for-word speech to text interpreting. CART is not an official transcript of the court proceeding)
- ☐ Sign language interpreter
- ☐ American Sign Language
 - ☐ Signed English
 - ☐ Certified Deaf Interpreter
 - ☐ Other:
- ☐ Provision of court documents in alternative format
- ☐ Accessible electronic document (PDF document compliant with assistive technologies such as screen readers). Must be sent electronically; a valid email address is required (see above).
 - ☐ Braille
 - ☐ Large print
 - ☐ Other:
- ☐ Other (please specify, use additional sheets if necessary):

Signature: _____ Date: _____

DO NOT WRITE IN THIS SECTION
FOR COURT / OJD OFFICE USE ONLY

Response to Request for ADA Accommodations:

1. ☐ The above request is GRANTED: ☐ from _____ to _____
☐ for an indefinite period
☐ in whole as follows (specify the accommodations): _____
☐ in part. As agreed to by the applicant, alternative accommodations are as follows (specify the accommodations): _____

2. ☐ The above request is DENIED because
☐ the applicant is not a qualified individual with a disability under the ADA.
☐ the request for ADA accommodations creates an undue financial or administrative burden on the court or the OJD office (as defined by the ADA).
☐ the request fundamentally alters (changes) the nature of the service, program, or event (as defined by the ADA).
☐ the court needs more information. Please contact the local ADA Coordinator at _____
☐ other: _____

Signature: _____	Date: _____
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