

**Americans with Disabilities Act (ADA)
Oregon Judicial Department Request for ADA Accommodations and Response**

****Requests for accommodations should be made as soon as possible but not less than four (4) business days before the service, program, or event.****

A. CONTACTS

1. Date of Request: _____
2. Name of person needing ADA accommodation (Applicant): _____
Contact Name: _____ Relation to Applicant: _____
Mailing Address: _____
Phone No.: _____ Email Address: _____
TTY: _____ Fax No.: _____
Please list preferred contact method: _____
3. Name and location of the circuit court or Oregon Judicial Department (OJD) office that provides the services, programs, or materials you want to use: _____

❖ **Need help locating the name and location of the court or OJD Office?**
Click here → [Court Information Finder](#) for Circuit Courts
Click here for → [Supreme Court](#) Click here for → [Court of Appeals](#) Click here for → [Tax Court](#)
Click here for Administration → [Office of the State Court Administrator](#)
You may also call the State Court Administrator’s Office at 503-986-5500 for assistance in locating the name, location, and contact information for the court or OJD office.

❖ **Submittal:**
You may print this form, fill it out, and submit it in person, by fax, or by US Mail to the local ADA Coordinator for the location. Click on the following link to access the ADA Coordinator list and contact information [ADA Coordinator](#). You may also call the court or OJD office for the name and contact information of the ADA Coordinator.
Or you have the option of submitting an online request for ADA accommodations to the local ADA Coordinator. Click here → [OJD Accessibility & ADA webpage](#) to access the online request.

B. OTHER INFORMATION

1. Case No. and type of case (*if known*): _____
2. Time and date of proceeding, program, service, or event (*if known*): _____
3. Person’s status in the proceeding, if applicable (*e.g., party, witness, juror, lawyer*): _____

4. Describe the nature of the proceeding, program, service, or event (e.g., hearing, trial, jury service, mediation, meeting): _____
5. It would help us to assist you if we know more information. Completing this section is optional (you are not required to fill out). If you choose to fill it out, please select what best describes the disability or condition for which you need an assistive device, service, or accommodation (check all that apply):
- | | |
|--|--|
| <input type="checkbox"/> Blind/Visual Impairment | <input type="checkbox"/> Medical Restrictions/Requirements |
| <input type="checkbox"/> Deaf/Hearing Impairment | <input type="checkbox"/> Cognitive Impairment or Injury |
| <input type="checkbox"/> Speech/Vocal Impairment | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Mobility Impairment | |
6. What type of accommodation do you need and prefer?

Uniform Trial Court Rule 7.060 requires parties in cases to make the request in writing and as soon as possible but not less than four (4) business days before the service, program, or event.

C. 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: _____

Signed by: _____ Date: _____