

Why is an accommodation needed?

What accommodation would you like? And why? (Describe the type of accommodation, services, or suggested site modifications requested)

Describe how this accommodation will assist you?

Please provide any information that would help the court respond to your request.

Please provide medical records or any other information that you feel the court would find helpful in granting your request.

Date: _____ Signed: _____

Print Name: _____

Additional medical information is needed to provide the accommodation I have requested.

Therefore, I hereby authorize:

Physician's Name:

Street Address: _____

City/State/Zip:

Phone/Fax:

To release only that medical information pertinent to the accommodation needed as described above.

Signature: _____

Date :

Case No. _____

Department No. _____

This document does not contain personal information of any person.

**IN THE NINTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
IN AND FOR THE COUNTY OF DOUGLAS**

STATE OF NEVADA)	ORDER
Plaintiff,)	
vs.)	
_____)	
Defendant)	

Request Accommodation DENIED on this _____ day of _____, 20____.

- Fails to satisfy ADA requirements.
- Creates an undue burden on the court.
- Fundamentally alters the nature of the service, program or activity.
- Permitting the applicant to participate in the proceeding with the requested accommodation creates a direct threat to the safety or well-being of the person requesting or others.
- Other _____

Basis for Finding: _____

Request Accommodation GRANTED on this _____ day of _____, 20____.

- In whole
- In part (specify) _____
- Alternative (Specify) _____

Dates accommodation will be provided:

Dated this _____ day of _____, 20_____.

District Judge