



Why is an accommodation needed?

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

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Describe how this accommodation will assist you?

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

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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 : \_\_\_\_\_



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Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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District Judge