

**19TH JUDICIAL DISTRICT COURT
 PARISH OF EAST BATON ROUGE
 STATE OF LOUISIANA
 REQUEST FOR REASONABLE ACCOMODATION**

Section 1	Case Number: _____ Case Date: _____ Case Name: _____														
Section 2	Person Requesting Accommodation: _____ <i>Last Name, First Name</i> _____ <i>Mailing Address</i> _____ <i>City, State, Zip Code</i> _____ <i>Email Address</i>														
Section 3	I am participating in a Court proceeding/activity as a (check all that apply): <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>Petitioner / Plaintiff</td></tr> <tr><td><input type="checkbox"/></td><td>Defendant/Respondent</td></tr> <tr><td><input type="checkbox"/></td><td>Juror</td></tr> <tr><td><input type="checkbox"/></td><td>Witness</td></tr> <tr><td><input type="checkbox"/></td><td>Attorney</td></tr> <tr><td><input type="checkbox"/></td><td>Judicial Officer</td></tr> <tr><td><input type="checkbox"/></td><td>Other (Please specify interest in or connection to proceeding, if any): _____</td></tr> </table>	<input type="checkbox"/>	Petitioner / Plaintiff	<input type="checkbox"/>	Defendant/Respondent	<input type="checkbox"/>	Juror	<input type="checkbox"/>	Witness	<input type="checkbox"/>	Attorney	<input type="checkbox"/>	Judicial Officer	<input type="checkbox"/>	Other (Please specify interest in or connection to proceeding, if any): _____
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<input type="checkbox"/>	Attorney														
<input type="checkbox"/>	Judicial Officer														
<input type="checkbox"/>	Other (Please specify interest in or connection to proceeding, if any): _____														
Section 4	Please list all known dates and times the accommodations will be needed (specify):														
Section 5	Why is the accommodation needed?														
Section 6	What accommodation is needed and why?														
Section 7	Please provide any information that would help the Court respond to your request.														
Section 8	How do you want to be informed of the status of your request for accommodation? <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/></td> <td>Phone</td> <td><input type="checkbox"/></td> <td>Writing</td> <td><input type="checkbox"/></td> <td>E-mail</td> <td><input type="checkbox"/></td> <td>In Person</td> <td><input type="checkbox"/></td> <td>Other (specify):</td> </tr> </table> Date: _____ at _____ (City, State) _____ (Type or print name of person making this request) _____ (Signature of person making this request)	<input type="checkbox"/>	Phone	<input type="checkbox"/>	Writing	<input type="checkbox"/>	E-mail	<input type="checkbox"/>	In Person	<input type="checkbox"/>	Other (specify):				
<input type="checkbox"/>	Phone	<input type="checkbox"/>	Writing	<input type="checkbox"/>	E-mail	<input type="checkbox"/>	In Person	<input type="checkbox"/>	Other (specify):						

**PRINT THIS DOCUMENT AND RETURN EITHER VIA FAX TO (225-389-4774
 OR MAIL TO:
 19TH JUDICIAL DISTRICT COURT
 SUITE 3602 - ADA RRA
 300 NORTH BLVD
 BATON ROUGE, LA 70801**