

ADA ACCOMMODATIONS REQUEST FORM
Louisiana Fifth Circuit Court of Appeal

Information provided in the following form shall be kept as confidential as possible. However, persons involved in making decisions to provide an accommodation, as well as those processing this request, must necessarily be informed of the type and nature of the request.

APPLICANT: _____

APPLICANT IS: Employee Visitor Attorney Job Applicant Other: _____

APPLICANT'S ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE: _____

CASE NUMBERS, IF ANY: _____

Applicant requests accommodation as follows:

1. Proceedings/activities to be covered (e.g.: essential job functions, hearings, meetings, job interviews, visits to court facility):

2. Date(s) accommodations needed: _____

3. Impairment necessitating accommodations (specify):

4. Type of accommodations desired (be specific):

5. How will this accommodation assist you in the activity specified in item #1?

6. Special requests or anticipated problems (specify):

I declare under penalty of perjury under the laws of the State of Louisiana that the foregoing is true and correct.

Print Name

Signature

Date

FOR COURT USE ONLY

Date of Request: _____

Application Reviewed By: _____
Print Name

Title

Additional medical information requested - Yes No

If yes, copy attached.

Requested accommodation(s) granted and arranged

Alternative accommodations granted

Cost of Accommodations
\$

Applicant notified of decision on (date): _____

Signature

Date