

MUNICIPAL COURT OF THE CITY OF DULUTH
STATE OF GEORGIA

REQUEST FOR REASONABLE ACCOMMODATION

Please complete this form and return to: Ms. Lori Edelkind, Administrative Assistant. If you need assistance in completing this form, please contact Ms. Lori Edelkind.

Name: _____

Address: _____

Telephone: _____

E-Mail: _____

Case/Citation No.(s): _____

I am participating in a court proceeding/activity as a (check all that apply):

Party in a Non-Criminal Case

Criminal Defendant

Witness

Court Observer

Attorney/Legal Staff

Judicial Officer

Other (please specify):

(continued on next page)

Type of proceeding/activity for which accommodation is necessary (list all that apply):

Describe the impairment that necessitates the accommodation(s) (specify):

Describe the accommodation(s) you are requesting and explain how the requested accommodation(s) would be effective.

Are you aware of alternative methods that might effectively accommodate your impairment?

Yes No If yes, specify: _____

List all dates/times the accommodation(s) are needed (specify): _____

Please identify any potential resources or other suggestions for (court) to consider in responding to your accommodation requests. _____
