

**REVIEW OF REQUEST FOR  
REASONABLE ACCOMMODATIONS AND RESPONSE**

Court name and address

Telephone number of ADA coordinator:

If your request for accommodations was denied, you can ask for a review of your request. Complete the Applicant section below. Enter the date and sign your name. Mail or give your completed request to the ADA Coordinator. If you need help completing this form, contact the ADA coordinator at the above telephone number.

**APPLICANT INFORMATION (to be kept confidential)**

Applicant is	<input type="checkbox"/> Witness	<input type="checkbox"/> Juror	<input type="checkbox"/> Attorney	<input type="checkbox"/> Party	<input type="checkbox"/> Other (specify)
Case name and number (if applicable)					
Name	E-mail address				
Address					
City	State	Zip	Telephone no.		

1. What type of proceeding or court service, activity, or program are you attending (i.e., hearing, jury duty, mediation meeting, trial)?
2. On what dates do you need accommodations?
3. For what impairment do you need accommodations (for a sign language interpreter, specify ASL, CDI, or CART)?
4. What type of accommodations do you need?

Date

Applicant signature

**RESPONSE TO REQUEST**

The request is **GRANTED**  
 for the above matter or appearance,     from \_\_\_\_\_ to \_\_\_\_\_,     for an indefinite period,  
 in whole as follows: (specify the accommodations)

in part. As consented to by the applicant, alternative accommodations are as follows: (specify the accommodations)

The request is **DENIED** because  
 the applicant is not a qualified individual with a disability under the ADA.  
 the request creates an undue financial or administrative burden on the court (as defined by the ADA).  
 the request fundamentally alters the nature of the service, program, or activity (as defined by the ADA).  
**The basis for this denial is:** (Specify on separate sheet if needed. Include alternative accommodations offered but rejected by the applicant.)

Date

Judge

Bar no.

**NOTE:** If your request is denied, you may submit a written request for review by the State Court Administrator. Send your request to the State Court Administrative Office, State Court Administrator, Michigan Hall of Justice, PO Box 30048, Lansing, MI 48909.

**Court Use Note:** This completed and signed Review of Request for Reasonable Accommodations and Response must be maintained with the original Request in a confidential administrative file.

MCL 393.501 *et seq.*, 42 USC 12111 *et seq.*