



ATHENS-CLARKE COUNTY COURTS

Athens-Clarke County Courthouse
325 East Washington Street
Athens, Georgia 30601



REQUEST FOR REASONABLE ACCOMMODATION FOR PERSONS WITH DISABILITIES

If you have a physical or mental impairment and believe you may need an accommodation to fully and equally participate in a particular court proceeding or activity, you may request a reasonable accommodation.

To request a reasonable accommodation, complete the *Request for Reasonable Accommodation Form* and return to: Court Administration, 4th Floor, Suite 400 at 325 E. Washington Street, Athens, GA 30601 or email to courtadmin@accgov.com. If you need assistance completing this form, contact (762) 400-6101.

Accommodation requests are granted to any qualified person with a disability for whom such an accommodation is reasonable and necessary under the Americans with Disabilities Act (ADA) or Section 504 of the Rehabilitation Act of 1973. These requests ensure full and equal access to the court proceeding or activity in which the person is participating, so long as the accommodation does not pose an undue administrative or financial burden to the court or fundamentally alter the nature of the proceeding or activity for which the accommodation is being requested.

You may be required to provide additional information for the Court to properly evaluate your reasonable accommodation request(s). *This information, if required, will be confidentially maintained and will only be used to evaluate your accommodation request(s) unless you request otherwise.*

Generally, seven (7) day advance notice is required to review reasonable accommodation requests. However, a response to an immediate need for accommodation will be considered to the fullest extent possible.

REQUEST FOR REASONABLE ACCOMMODATION

Please complete this form and return to: Court Administration, 4th Floor, Suite 400 at 325 E. Washington Street Athens, GA 30601 or fax to (706) 613-3174. If you need assistance in completing this form, please contact Court Administration at (706) 613-3163.

Name: _____

Address: _____

Telephone No: _____

Cell No.: _____

Fax No: _____

E-mail: _____

I will participating in a court proceeding/activity in the following:

- | | |
|--|---|
| <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Magistrate Court |
| <input type="checkbox"/> Juvenile Court | <input type="checkbox"/> Probate Court |
| <input type="checkbox"/> State Court | <input type="checkbox"/> Superior Court |
| <input type="checkbox"/> Grand Jury | <input type="checkbox"/> Other: _____ |

The court proceeding/activity is scheduled for (date & time): _____

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

- | | |
|---|---|
| <input type="checkbox"/> Party in a Non-Criminal (Civil) Case | <input type="checkbox"/> Criminal Defendant |
| <input type="checkbox"/> Witness | <input type="checkbox"/> Juror or Prospective Juror |
| <input type="checkbox"/> Court Observer | <input type="checkbox"/> Attorney/Legal Staff |
| <input type="checkbox"/> Judicial Officer | <input type="checkbox"/> Other: _____ |

(continued on next page)

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 and times the accommodation(s) are needed (specify):

Please identify any potential resources or other suggestions for the Athens-Clarke County Courts to consider in responding to your accommodation requests.

(continued on next page)

I request that all information pertaining to my accommodation request:

Be kept confidential Not be kept confidential

The information provided is true and accurate to the best of my knowledge.

Date: _____

(Print Name)

(Signature)

REVIEW AND ACTION ON REQUEST FOR REASONABLE ACCOMMODATION

Reasonable Accommodation Request Form received from applicant on _____ (Date).

If necessary, Request for Additional Information requested on _____ (Date).

If necessary, Request for Additional Information completed and returned on _____ (Date).

Requested Accommodation granted on _____ (Date).

Requested Accommodation denied on _____ (Date) because:

Other action taken (explain) on _____ (Date).

Notification to applicant concerning action taken on _____ (Date).

(Date)

(Signature of Court Official)

[For Internal Use Only]