



## 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, 4<sup>th</sup> Floor, Suite 400 at 325 E. Washington Street, Athens, GA 30601 or email to [courtadmin@accgov.com](mailto: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, 4<sup>th</sup> 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:

☐ Municipal Court

☐ Magistrate Court

☐ Juvenile Court

☐ Probate Court

☐ State Court

☐ Superior Court

☐ Grand Jury

☐ Other: \_\_\_\_\_

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

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

☐ Party in a Non-Criminal (Civil) Case

☐ Criminal Defendant

☐ Witness

☐ Juror or Prospective Juror

☐ Court Observer

☐ Attorney/Legal Staff

☐ Judicial Officer

☐ Other: \_\_\_\_\_

(continued on next page)

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

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

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

Yes ☐      No ☐      If yes, specify: \_\_\_\_\_

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

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

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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]