

FLORIDA STATE COURTS SYSTEM TITLE II ADA ACCOMMODATION REQUEST FORM

Please return this completed form to: ADA Coordinator at Nassau County Judicial Annex, Attention: Bailiff’s Office, 76347 Veterans Way, Yulee, FL 32097; or (904) 548-4600 then press 0, or (904) 255-1695 (or 711 Florida Relay Service); or crtintrap@coj.net as far in advance as possible, but preferably at least seven (7) days before your scheduled court appearance or other court activity.

1. Date Request Submitted:

2. Person needing accommodation

Name:

Are you (please check one of the following seven options):

- Defendant Litigant/Party Witness Juror Victim Attorney
 Other (please specify):

3. Contact information for person needing accommodation	
Street or P.O. Box:	
City:	
State:	Zip Code:
Telephone Number (include area code):	
Email Address:	

4. Person making request (if other than the person needing the accommodation)
Name:
Telephone Number (include area code):
Email Address:
Relationship to person needing an accommodation:

5. Case information (if applicable)
Style of case (case title), if known:
Case number, if known:
Judge, if known:
Date accommodation needed:
Time accommodation needed:
Location (courthouse/courtroom) accommodation needed:
Duration for which the accommodation is requested:
Type of case, if known (please check one of the following ten options):
<input type="checkbox"/> appeal <input type="checkbox"/> circuit criminal <input type="checkbox"/> circuit civil <input type="checkbox"/> family court
<input type="checkbox"/> probate, guardianship, or mental health <input type="checkbox"/> county criminal <input type="checkbox"/> county civil
<input type="checkbox"/> traffic court <input type="checkbox"/> small claim <input type="checkbox"/> other (please specify)
Type of proceeding, if known (please check one of the following six options):
<input type="checkbox"/> arraignment <input type="checkbox"/> bond hearing <input type="checkbox"/> hearing <input type="checkbox"/> trial
<input type="checkbox"/> appellate oral argument
<input type="checkbox"/> other (please specify)

6. Accommodations requested

Nature of disability that necessitates accommodation:

Accommodation requested (please check one of the following six options):

Assistive listening device (*Assistive listening systems work by increasing the loudness of sounds, minimizing background noise, reducing the effect of distance, and overriding poor acoustics. The listener uses a receiver with headphones or a neckloop to hear the speaker.*)

Communication access real-time translation/real-time transcription services (*CART is a word-for-word speech-to-text interpreting service for people who need communication access. A rendering of everything said in the courtroom will appear on a computer screen. CART is not an official transcript of a court proceeding.*)

7. Use the Submit Button (immediately following) to send us your request:

Submit Request

THE FOLLOWING SECTION IS TO BE COMPLETED BY COURT PERSONNEL ONLY

8. Date request was received: ____/____/____

9. Additional oral or written information requested? Yes No

If so, describe information: _____

10. Describe the accommodation(s) granted by the court: _____

11. Indicate the duration the accommodation will be provided: _____

12. If an accommodation is denied, indicate reason(s) for denial:¹

Based on the information provided, it appears the person does not have a disability as defined by the ADA

Requested accommodation does not directly correlate to functional limitations

Request relates to a service, program, or activity outside the court system (transportation, legal representation, mental health counseling, parenting course, etc.)

Request is for an aid/service the courts cannot administratively grant as an accommodation pursuant to Title II of the ADA (official transcript, extension of time, etc.)

Requested accommodation would result in an undue burden

Requested accommodation would result in a fundamental alteration

Other (please specify): _____

13. Remarks: _____

¹ If the request is denied, granted only in part, or if an alternative accommodation is granted, Rule of Judicial Administration 2.540 requires the court to respond in writing to the individual with a disability. Transmittal of a copy of this section of the accommodation request form by email or by U.S. Mail delivery is one means of providing the written response required by rule 2.540. If an accommodation is denied due to a finding of undue burden or fundamental alteration, the Americans with Disabilities Act requires that such determination be made in writing by the chief judge or chief judge's designee.

14. Court staff responding to request: _____

15. Date person notified of determination: ____/____/____