

**MUNICIPAL COURT DIVISION
21ST JUDICIAL CIRCUIT, STATE OF MISSOURI
ADA TITLE II ACCOMMODATION REQUEST FORM**

1. Date request submitted _____

2. Name of Person needing accommodations _____

Are you (please check one) Plaintiff/Petitioner Defendant/Respondent Witness Juror

Victim Attorney Other (please specify) _____

3. Contact information for the person needing accommodation

Street _____ City _____

State _____ Zip _____ Telephone Number (include area code) _____

Email Address _____

4. Name of Person making request (if other than the person needing the accommodation)

Street _____ City _____

State _____ Zip _____

Telephone Number (include area code) _____

Email Address _____

Relationship to person needing accommodation _____

5. Style of Case (i.e., John Brown vs. Joan Doe) _____

Case Number _____

Date accommodation needed _____

Time accommodation needed _____

Location accommodation needed at _____

Duration for which the accommodation is requested _____

6. Nature of disability that necessitates accommodation

7. Accommodation requested

If you are unsure about the accommodation you need, describe how your disability affects you.

Example, "I may have a problem understanding the proceedings and remembering information, due to a stroke. I may need more explanation or extra time to answer questions." NOTE: If you are involved in more than one court case, you must submit a separate Accommodation Request Form for each case.