

**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.