

APPLICANT'S INFORMATION TO BE KEPT CONFIDENTIAL

MC-410

APPLICANT (name): APPLICANT is ☐ Witness ☐ Juror ☐ Attorney ☐ Party ☐ Other (Specify) Person submitting request (name): APPLICANT'S ADDRESS: TELEPHONE NO.:		FOR COURT USE ONLY
NAME OF COURT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
JUDGE:		
CASE TITLE:		DEPARTMENT:
REQUEST FOR ACCOMMODATIONS BY PERSONS WITH DISABILITIES AND RESPONSE		CASE NUMBER:

Applicant requests accommodation under rule 1.100 of the California Rules of Court, as follows:

1. Type of proceeding: ☐ Criminal ☐ Civil ☐ Other:
2. Proceedings to be covered (for example, bail hearing, preliminary hearing, trial, sentencing hearing, family, probate, juvenile):
3. Date or dates needed (specify):
4. Impairment necessitating accommodation (specify):
5. Type or types of accommodation requested (specify):
6. Special requests or anticipated problems (specify):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

_____ (TYPE OR PRINT NAME)		_____ (SIGNATURE)
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RESPONSE

The accommodation request is **GRANTED** and the court will provide the

- ☐ requested accommodation, in whole
☐ requested accommodation, in part (specify below):

For the following duration:

- ☐ For the above matter or appearance
☐ From (dates): _____ to _____
☐ Indefinite period

The accommodation is **DENIED** in whole or in part because it

- ☐ fails to satisfy the requirements of rule 1.100.
☐ creates an undue burden on the court.
☐ fundamentally alters the nature of the service, program, or activity.

For the following reason (attach additional pages, if necessary): [See Cal. Rules of Court, rule 1.100(g), for the review procedure]

- ☐ The court will provide the alternative accommodation as follows:

Date response delivered in person or sent to applicant:

_____ (TYPE OR PRINT NAME)		_____ (SIGNATURE)
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☐ SIGNATURE FOLLOWS THE LAST PAGE OF THE RESPONSE.

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