IDAHO COURTS
ADA REQUEST FORM

Request for Accommodation by Person with a Disability

If you require an ADA accommodation for a court program, service, or activity provided by the Idaho Courts, please submit request at least forty-eight (48) hours prior to the date or service. If you need assistance in filling out this form, please contact the Trial Court Administrator or Clerk of the Supreme Court and Court of Appeals as appropriate. When you are done completing this form, please forward it to the Trial Court Administrator or Clerk of the Supreme Court and Court of Appeals. You will be notified once a decision is made in regards to your request.

Genetic Information Nondiscrimination Act or 2008 Compliance:
When filling out this form, **do not provide any genetic information** which is defined to mean: information about the individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

*** Required fields**

***Requestor is:**

☐ Party ☐ Observer ☐ Witness ☐ Attorney ☐ Victim

☐ Juror – Juror Number _____ ☐ Other _____

***Name** _____ Email Address _____

*** Phone Number** _____ Alternate Phone Number_____

Mailing Address_____ City _____State _____ Zip Code_____

***Court Type:**

☐ Magistrate Court ☐ District Court

County of Filing _____

☐ Court of Appeals ☐ Supreme Court ☐Other

Proceeding Type:

☐ Civil ☐ Criminal ☐ Juvenile ☐ Probate ☐ Unknown

Service/Program Type _____

Case Name _____ Case #_____

Dates, times and locations when accommodations are needed:

Please describe the physical or mental limitation necessitating accommodation:

Please explain the type of accommodation(s) requested and any special requests or anticipated problems. Primary consideration will be given to the requested accommodation; however, the Idaho Courts reserves the right to offer an alternative accommodation if one is more readily available and equally effective in accommodating your needs.

By signing this form, I attest that the information is true to the best of my knowledge and I authorize this ADA request to be submitted.

_____ _____

Signature Date

Note - Additional information may be needed to process your ADA request