



DISTRICT OF COLUMBIA COURTS
Request for Accommodations by Person with Disabilities

Name of Applicant: _____

Applicant is: ___Witness ___Juror ___Attorney ___Party ___Spectator ___Other

Name of person submitting this request: _____

Applicant's mailing address: _____

Telephone number: _____ Cellular phone number: _____

Email address: _____

Name/title of case (or event) _____

Case number: _____ Name of Judge if known: _____

Date: _____

Type of case or proceeding:

___Civil, ___Landlord-Tenant, ___Small Claims, ___Probate, ___Criminal, ___Family, ___Domestic
Violence, ___Mediation, ___Tax, ___Appeal, ___Event, ___Other (specify) _____

Date or dates needed (specify): _____

Impairment necessitation accommodation (specify): _____

Type or types of accommodations requested (specify): _____

Special requests or anticipated problems (specify): _____

I declare under the penalty of perjury that the statements made in this document are true.

Typed or printed name

Signature

Date

**Return the completed form to H. Clifton Grandy, D. C. Courts, 500 Indiana Ave., N.W.,
Washington, DC 20001, (202) 879-1802 (fax); ADACoordinator@DCSC.gov ; (202) 879-1700
(voice).**