

AKRON MUNICIPAL COURT TITLE II ADA ACCOMMODATION REQUEST FORM

Please return this completed form to **Office of the Court Administrator – Akron Municipal Court, 217 South High Street #713, Tele. (330) 375-2120, Fax (330) 375-2303** as far in advance as possible, but preferably at least seven (7) days before your scheduled court appearance or other court activity.

1. **DATE REQUEST SUBMITTED:** ____/____/____

2. PERSON NEEDING ACCOMMODATION

Name:

Are you (please check one of the following options):

Defendant Litigant/Party Witness Juror Victim Attorney

Other (please specify): _____

3. CONTACT INFORMATION FOR PERSON NEEDING ACCOMMODATION

Street or P.O. Box:

City:

State:

Zip Code:

Telephone Number (include area code):

4. CASE INFORMATION (if applicable)

Case Number:

Judge / Magistrate:

Date / Time accommodation needed:

Location (courtroom) accommodation needed:

Duration for which the accommodation is requested:

5. ACCOMMODATION REQUESTED

Nature of disability that necessitates accommodation:

Accommodation requested (please check one of the following options):

___ Assistive listening device (Assistive listening systems work by increasing the loudness of sounds, minimizing background noise, reducing the effect of distance, and overriding poor acoustics. The listener uses a receiver with headphones or a neckloop to hear the speaker.)

___ Communication access real-time translation/real-time transcription services (CART is a word-for-word speech to text interpreting service for people who need communication access. A rendering of everything said in the courtroom will appear on a computer screen. CART is not an official transcript of a court proceeding.)

___ Sign Language Interpreter (Please specify American Sign Language, oral interpreter, signed English, or other type of signing system used by persons with hearing loss.):

___ Assignment to a courtroom that is accessible to a person using a mobility device (Please specify wheelchair, scooter, walker, or other mobility device that is used.):

___ Provision of court documents in an alternative format (Please specify Braille, large print, accessible electronic document, or other accessible format used by persons who are blind or have low vision.):

___ Other accommodation (please specify):
