



UNITED STATES DISTRICT COURT DISTRICT OF NEW MEXICO

Request for Accommodations for Case Participants with Communication Disabilities

Submit request a minimum of fourteen (14) court days prior to a scheduled court proceeding.
If submitting by U.S. mail, submit a minimum of twenty-one (21) court days prior to scheduled court proceeding.

Submit request as far in advance of the requested implementation date as possible.

CASE INFORMATION:

Case Name	Case Number	Name of Judge	Location

REQUESTER:

Name	Contact Information
	Email: _____ Phone: _____

Proceeding		
Date	Time	Type

Type of accommodation requested (check any that apply):

- ☐ Equipment for hearing impaired individuals ☐ CART (Communications Access Realtime Translation)
- ☐ Sign language interpreter ☐ Other communication/auxiliary aid or services, as specified:

NOTE: Please specify above any suitable alternative auxiliary aids and services in case the primary auxiliary aids and services requested are unavailable, incompatible with the courtroom, or too costly.

Describe the communication disability that necessitates the auxiliary aids and services (attach additional pages if necessary):

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If the communications disability is not obvious, you may attach documentation from an appropriate health-care professional to substantiate the disability and the need for the auxiliary aids and services requested. The documentation should:

1. describe the nature, severity, and duration of the requester's communication disability; the activity or activities that the disability limits; and the extent to which the disability limits the requester's ability to perform the activity or activities; and
2. substantiate why the requested auxiliary aids and services are needed.

Physical Accommodations

Requests for accommodations to access the courthouse or courtrooms due to physical disabilities may be forwarded to the General Services Administration to properly process and provide the necessary accommodations.

Describe any physical accommodations requested and the disability that necessitates the accommodations:

Check the applicable options below and sign and date where indicated:

- ☐ I certify under penalty of perjury that I am deaf, hearing impaired, or have other communication disabilities that render me eligible for receipt of these auxiliary aids and services; and/or
- ☐ I certify under penalty of perjury that I require the physical accommodation(s) requested above.

Date: _____ Requester's signature: _____

Submit request by either:

- (1) Email to: court_reasonable_accommodations@ao.uscourts.gov; or
- (2) U.S. mail or personal delivery to:
Daryll Butler
Access Coordinator Program
AO Office of Human Resources
One Columbus Circle, N.E., Suite G-358
Washington, DC 20544

TO BE FILLED OUT BY THE COURT ONLY:	
Requested accommodation is ☐ APPROVED ☐ DENIED	
Describe approved accommodation:	Reason for denial:

Signature of Deciding Official: _____