

## **Fifteenth Judicial Circuit**

### **ADA Title II Accommodation Request Form**

#### **Right to an Accommodation**

If you are an individual with a disability who needs a reasonable accommodation in order to participate in a court proceeding or other court service, program, or activity, you are entitled, at no cost to you, to the provision of certain assistance. Request for accommodations may be presented on this form, in another written format, or verbally. Please complete the attached form and return it to the Fifteenth Judicial Circuit Court's ADA Coordinator, 205 North Dixie Highway, 5<sup>th</sup> Floor, West Palm Beach, Florida 33401, Phone Number: 561-355-4380; if you are hearing or voice impaired, call 1-800-955-8771; Fax number is 561-656-7662; or E-mail at [ADA@pbcgov.org](mailto:ADA@pbcgov.org) as far in advance as possible, but preferably at least seven (7) days before your scheduled court appearance or other court activity.

Upon request by a qualified individual with a disability, this document will be made available in an alternate format. If you need assistance in completing this form due to your disability, or to request this document in an alternate format, please contact the Fifteenth Judicial Circuit Court's ADA Coordinator, 205 North Dixie Highway, 5<sup>th</sup> Floor, West Palm Beach, Florida 33401, Phone Number: 561-355-4380; if you are hearing or voice impaired, call 1-800-955-8771; Fax Number is 561-656-7662; or E-mail at [ADA@pbcgov.org](mailto:ADA@pbcgov.org)

#### **ADA Accommodations Provided by Florida Courts**

Pursuant to Title II of the Americans with Disabilities Act the Circuit will make reasonable modifications in policies, practices and procedures; furnish auxiliary aids and services; and afford program accessibility through the provisions of accessible facilities, the relation of services or programs or the provision of services at alternative sites, as appropriate and necessary.

Examples of auxiliary aids or services that the State Court System may provide for qualified individuals with disabilities include:

- Assisted Listening Devices
- Sign Language Interpreters
- Oral Interpreters
- Real-Time Transcription Services
- Providing Materials in Large Print, Braille, Diskette, or Audio Tapes
- Reader Services
- Sound Amplifying Headsets

Accommodations that are granted by the State Courts are made at no cost to qualified individuals with disabilities.

## **Aids/Services Courts cannot Administratively Grant as ADA Accommodation**

Example of aids or services the Florida State Court System cannot provide as an accommodation under Title II of the Americans with Disabilities Act include:

- Transportation to the Courthouse
- Legal Counsel or Advice
- Personal Devices such as a Wheelchair or Hearing Aid
- Personal Services such as Medical or Attendant Care
- A Modification of a Policy or an auxiliary Aid or Service that would result in a fundamental alteration in the nature of the Program or Service, or would result in an undue burden
- Document filing

Additionally, the courts cannot administratively grant, as an ADA accommodation, requests that impact court procedures within a specific case. Request for an extension of time, a change of venue, or participation in court proceedings by telephone or videoconferencing must be submitted by written motion to the presiding judge as part of the case. The judge may consider an individual's disability, along with other relevant factors, in granting or denying the motion.

Furthermore, the court cannot exceed the law in granting a request for an accommodation. For example, the court cannot extend the statute of limitations for filing an action because someone claims that he or she could not make it to court on time due to a disability, nor can the court modify the terms of agreements among parties as an ADA accommodation.

Finally, the ADA does not require the court system to take any action that would fundamentally alter the nature of court programs, services, or activities, or that would impose an undue financial or administrative burden on the courts.

## **Documentation of the Need for Auxiliary Aids and Services**

If an individual has a disability that is not obvious, or when it is not readily apparent how a requested accommodation relates to an individual's impairment, it may be necessary for the court to require the individual to provide documentation from a qualified health care provider in order for the court to fully and fairly evaluate the accommodation request. These information requests will be limited to documentation that (1) establishes the existence of a disability; (2) identifies the individual's functional limitations; and (3) describes how the requested accommodation addresses those limitations. Any cost to obtain such documentation is the obligation of the person requesting the accommodation.

**FLORIDA STATE COURTS SYSTEM TITLE II ADA ACCOMMODATION REQUEST FORM**

Please return this completed form to the Fifteenth Judicial Circuit Court's ADA Coordinator, Palm Beach County Courthouse 205 North Dixie Highway, 5th Floor, West Palm Beach, FL, 33401, Phone: 561-355-4380, Fax: 561-656-7662; TDD, 1-800-955-8771, Fax, E-mail: [ADA@pbcgov.org](mailto:ADA@pbcgov.org) 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 seven 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): \_\_\_\_\_

Email Address: \_\_\_\_\_

4. Person making request (if other than the person needing the accommodation)

Name: \_\_\_\_\_

Telephone Number (include area code): \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to person needing an accommodation: \_\_\_\_\_

5. Case information (if applicable)

Style of case (case title), if known: \_\_\_\_\_

Case number, if known: \_\_\_\_\_

Judge, if known: \_\_\_\_\_

Date accommodation needed: \_\_\_\_\_

Time accommodation needed: \_\_\_\_\_

Location (courthouse/courtroom) accommodation needed: \_\_\_\_\_

Duration for which the accommodation is requested: \_\_\_\_\_

Type of case, if known (please check one of the following ten options):

- appeal     circuit criminal     circuit civil     family court
- probate, guardianship, or mental health     county criminal     county civil
- traffic court     small claim     other (please specify) \_\_\_\_\_

Type of proceeding, if known (please check one of the following six options):

- arraignment     bond hearing     hearing     trial     appellate oral argument
- other (please specify) \_\_\_\_\_

6. Accommodations requested

Nature of disability that necessitates accommodation: \_\_\_\_\_

Accommodation requested (please check one of the following six 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.*)

75FH'GYfj ]W'f7ca a i b]W[h]cb'5VV'gg'FYU'h]a Y'HfUbg'Uh]cbE'75FH' ]g'U'k cfX! Zcf! k cfX'gdYYV!hc!hYI h]bhYfdfYh]b[ 'gYfj ]W''9j Yfnt\ ]b[ 'gU]X' ]b' h\Y'Vti fhcca ž' ]bVM X]b[ ' Ybj ]fcb a YbHU' W Ygž'k ]''UddYUf'cb'U'Vta di hYf'gWYYb'cf' ]DUX''75FH' ]g'VtbZ]XYbh]U' VYtk YYb' h\Y'75FH'dfcj ]XYf'UbX' h\Y'\YUf]b[ !V\U'Yb[ YX'dYfgcb'UbX'UhtcfbYmž ]Z fYdfYgYbhYX'VmVti bgY''=h]g'bch'Ub'cZ]V]U' hfUbgW]dh'cZU'Vti fh'dfcWYX]b[ "

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): \_\_\_\_\_

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