

APPLICANT'S INFORMATION TO BE KEPT CONFIDENTIAL

MC-410

APPLICANT (name): APPLICANT is <input type="checkbox"/> Witness <input type="checkbox"/> Juror <input type="checkbox"/> Attorney <input type="checkbox"/> Party <input type="checkbox"/> Other <small>(Specify)</small> Person submitting request (name): APPLICANT'S ADDRESS: TELEPHONE NO.:	
NAME OF COURT STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
Judge:	
Case Title:	
REQUEST FOR ACCOMMODATIONS BY PERSONS WITH DISABILITIES AND RESPONSE	CASE NUMBER:

Applicant requests accommodation under rule 1.100 of the California Rules of Court, as follows:

1. Type of proceeding: Criminal Civil Other:
2. Proceedings to be covered (for example, bail hearing, preliminary hearing, trial, sentencing hearing, family, probate, juvenile):
3. Date or dates needed (specify):
4. Medical condition necessitating accommodation (specify):
5. Type or types of accommodation requested (specify):
6. Special requests or anticipated problems (specify):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE)

RESPONSE

The accommodation request is **GRANTED** and the court will provide the
 requested accommodation, in whole
 requested accommodation, in part (specify below):

For the following duration:

- For the above matter or appearance
 From (dates): to
 Indefinite period

The accommodation is **DENIED** in whole or in part because it
 fails to satisfy the requirements of rule 1.100.
 creates an undue burden on the court.
 fundamentally alters the nature of the service, program, or activity.

For the following reason (attach additional pages, if necessary): [See Cal. Rules of Court, rule 1.100(g), for the review procedure]

The court will provide the alternative accommodation as follows:

Date response delivered in person or sent to applicant:

(TYPE OR PRINT NAME)

(SIGNATURE)

SIGNATURE FOLLOWS THE LAST PAGE OF THE RESPONSE.