

CONFIDENTIAL

APPLICANT (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, HALL OF JUSTICE, 330 W. BROADWAY, SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, KEARNY MESA, 8950 CLAIREMONT MESA BLVD., SAN DIEGO, CA 92123 <input type="checkbox"/> CENTRAL DIVISION, JUVENILE COURT, 2851 MEADOW LARK DR., SAN DIEGO, CA 92123 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	
CASE TITLE	JUDGE
DISABILITY ACCOMMODATION REQUEST (CONFIDENTIAL)	CASE NUMBER

This form is to be used to make a request for accommodation under rule 1.100 of the California Rules of Court. Requests for accommodation should be submitted at least **5 court days before the accommodation is needed.**

- I, _____, am a party
 an attorney a witness a juror Other: (specify) _____
- I am requesting accommodation(s) under rule 1.100 of the California Rules of Court for a civil
 criminal family law juvenile probate small claims traffic case jury service
 other (specify) _____.
- I am requesting accommodation(s) at the court location I checked at the top of the form on:
 Date: _____ at _____ a.m. p.m. in Department/Office _____
 Date: _____ at _____ a.m. p.m. in Department/Office _____
- I am requesting the following accommodation(s) at the court: _____

 Additional information attached.
- I am requesting accommodation(s) because: (specify the medical condition(s) requiring accommodation) _____

 Additional information attached.

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

Date: _____ Signature _____

CASE TITLE	CASE NUMBER
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RESPONSE

- The request for accommodation(s) is **GRANTED**.
- The request for accommodation(s) is **GRANTED IN PART**. The court will provide the following accommodation(s):

- The request for accommodation(s) is **DENIED** **IN WHOLE** **IN PART** for the following reasons:
 - fails to satisfy the requirements of Cal. Rules of Court, rule 1.100.
 - creates an undue financial or administrative burden on the court.
 - fundamentally alters the nature of the service, program, or activity.
 - as set forth in the attachment.

- The court will provide the following alternative accommodation(s):
-
-

See attachment.

- Accommodation(s) will be provided:
 - for the date(s) and time(s) requested.
 - on _____.
 - indefinitely.

Date: _____

Type or print name

- Judge/Commissioner of the Superior Court
- Non-Judicial Court Personnel

Response provided to applicant in person by phone by mail by email on: _____