

**CONFIDENTIAL**

APPLICANT (Name, State Bar number, and address):      TELEPHONE NO.: _____ FAX NO. (Optional): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<i>FOR COURT USE ONLY</i>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b> <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
<b>DISABILITY ACCOMMODATION REQUEST (CONFIDENTIAL)</b>	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 **five court days before the accommodation is needed.**

1. I, \_\_\_\_\_, am  a party  
 an attorney  a witness  a juror  Other: (specify) \_\_\_\_\_
  
2. 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) \_\_\_\_\_.
  
3. 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 \_\_\_\_\_
  
4. I am requesting the following accommodation(s) at the court: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 *Additional information attached.*
  
5. I am requesting accommodation(s) because: (specify the medical condition(s) requiring accommodation) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 *Additional information attached.*

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):

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- 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):

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*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: \_\_\_\_\_