

**STATE OF GEORGIA:
TALBOT COUNTY BOARD OF COMMISSIONERS
REQUEST FOR REASONABLE ACCOMMODATION
FOR PERSONS WITH DISABILITIES**

If you have a physical or mental impairment and believe you may need an accommodation to fully and equally participate in a particular court proceeding or activity, you may request a reasonable accommodation.

To request a reasonable accommodation, complete the Request for Reasonable Accommodation Form and return to the ADA Coordinator for the Court in which you are scheduled to appear. If you need assistance completing this form, contact the ADA Coordinator.

Accommodation requests are granted to any qualified person with a disability for whom such an accommodation is reasonable and necessary under the Americans with Disabilities Act (ADA) or Section 504 of the Rehabilitation Act of 1973. These requests ensure full and equal access to the court proceeding or activity in which the person is participating, so long as the accommodation does not pose an undue administrative or financial burden to the court or fundamentally alter the nature of the proceeding or activity for which the accommodation is being requested.

You may be required to provide additional information for the Court to properly evaluate your reasonable accommodation request(s). This information, if required, will be confidentially maintained and will only be used to evaluate your accommodation request(s) unless you request otherwise.

Generally, fourteen (14) days advance notice is required to review reasonable accommodation requests. However, a response to an immediate need for accommodation will be considered to the fullest extent possible.

APPLICATION FOR REASONABLE ACCOMMODATION

Please complete this form and return to the ADA Coordinator for the Court in which you are scheduled to appear. If you need assistance in completing this form, please contact the Court.

Name: _____

Address: _____

Telephone No.: _____

E-mail: _____

I am participating in a court proceeding/activity as a (circle all that apply):

Party in a Non-Criminal Case

Criminal Defendant

Witness

Juror or Prospective Juror

Court Observer

Attorney/Legal Staff

Judicial Officer

Other (please specify):

Type of proceeding/activity for which accommodation is necessary (list all that apply):

Describe the impairment that necessitates the accommodation(s) (specify):

Describe the accommodation(s) you are requesting and explain how the requested accommodation(s) would be effective.

Are you aware of alternative methods that might effectively accommodate your impairment?

Yes No If yes, specify: _____

List all dates/times the accommodation(s) are needed (specify):

Please identify any potential resources or other suggestions for [court] to consider in responding to your accommodation requests.

I request that all information pertaining to my accommodation request:
Be kept confidential Not be kept confidential

[Oath]

Date: _____

(Print Name)

(Signature)

FOR INTERNAL COURT USE ONLY

Review and Action [or Court Order

**Reasonable Accommodation Request Form received from applicant on _____
(Date).**

If necessary, Request for Additional Information requested on _____ (Date).

**If necessary, Request for Additional Information completed and returned
_____ (Date).**

Requested Accommodation granted on _____ (Date).

Requested Accommodation denied on _____ (Date) because:

Other action taken (explain) on _____ (Date).

Notification to applicant concerning action taken on _____ (Date).

(Date)

Signature of Court Official

**ADA Contact: Carol Ison - ADA Coordinator, Talbot County,
74 West Monroe St, Talbotton, GA 31827
Tel: (706) 665-3220**