



ADA ACCOMMODATION REQUEST FORM



Please submit your completed form at least 10 business days prior to the date you need your accommodation. See the attached list for ADA coordinator contact information for each Court Circuit. Completed forms may also be submitted via email to ADArequest@courts.state.hi.us

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
ADDRESS:	CITY	STATE and Zip Code:
PHONE:	EMAIL ADDRESS	

Court or Program including circuit, address, location, time of your court proceeding

CASE/DOCKET NUMBER

What is the nature of your disability?

What specific accommodation are you requesting?

Please provide any additional information that might be useful in reviewing your accommodation request.

Date: _____