

UNITED STATES DISTRICT COURT
DISTRICT OF MONTANA



APPLICATION FOR ACCOMMODATIONS FOR TRIAL PARTICIPANTS WITH
COMMUNICATION DISABILITIES

(SUBMIT APPLICATION A MINIMUM OF TEN (10) COURT DAYS PRIOR TO A
SCHEDULED COURT PROCEEDING; IF SUBMITTING BY U.S. MAIL SUBMIT A
MINIMUM OF FIFTEEN (15) COURT DAYS PRIOR TO SCHEDULED COURT
PROCEEDING)

CASE NAME: _____ CASE NO: _____

JUDGE: _____ LOCATION: _____

APPLICANT'S NAME: _____

APPLICANT ROLE: PARTY WITNESS ATTORNEY
OTHER-SPECIFY:

If applicant has checked "other" for applicant's role include a detailed explanation of the case-related interest in the court proceeding for which the accommodation is sought:

Applicant's contact information:

In accordance with the local guidelines of this court, application is made for court provided sign language interpreters and/or other appropriate auxiliary aids as follows:

Hearing impaired equipment
CART (Communications Access Realtime Translation)
Sign language interpreter
Other communication/auxiliary aid or services, as specified:

Note: If specific auxiliary aids and services are requested, alternative auxiliary aids and services must be identified here by the requesting participant in case the primary auxiliary aids and services requested are unavailable, incompatible with the courtroom or too expensive.

Type of court proceeding or activity for which auxiliary aids and services is requested:

Proceeding date/time:

Note: Application should be made as far in advance of the requested implementation date as possible.

Description of the communication disability that necessitates the auxiliary aids and services (attach pages if necessary):

If physical accommodations are necessary this application will be forwarded to the ADA officer designated by the General Services Administration to properly process and provide the necessary accommodations. Provide a description of the physical accommodations requested and a description of the disability that necessitates the accommodations:

If the communications disability is not obvious you may attach documentation from an appropriate healthcare or rehabilitation professional that is sufficient to substantiate the disability and the need for the auxiliary aids and services requested. Documentation is sufficient if it: (1) describes the nature, severity, and duration of the applicant's communication disability, the activity or activities that the disability limits, and the extent to which the disability limits the applicant's ability to perform the activity or activities; and (2) substantiates why the requested auxiliary aids and services are needed.

Check the applicable options below and sign and date application where indicated:

I certify under penalty of perjury that I am deaf, hearing impaired, or have other communication disabilities that render me eligible for receipt of these auxiliary aids and services; and/or

I certify under penalty of perjury that I require the physical accommodation(s) requested above.

Date: _____ Applicant's Signature: _____

Submit application by either:

- (1) U.S. mail or personal delivery to: Beth Conley, Chief Deputy, Russell E. Smith Courthouse, 210 East Broadway, Missoula MT 59801; or
- (2) electronic mail to: Beth_Conley@mtd.uscourts.gov; or
- (3) facsimile transmission to: Beth Conley at (406) 542-7272.