Deschutes County Circuit Court
Request for Accommodation for Person with Disability

Per UTCR 7.060 this form must be received at least four business days in advance of the need for accommodation.

Applicant Name: _____
Name of person needing accommodation

Applicant or Contact Telephone No.: _____
Telephone number of person needing accommodation or contact

Type of disability needing accommodation _____

Person's status is: ☐ Party ☐ Witness ☐ Juror ☐ Attorney
☐ Other: (specify) _____

Date/Time	Nature of event or Proceeding to Attend	Case Number (if applicable)
_____	_____	_____

Charges (if applicable) _____

Estimated length of proceeding _____

Accommodation Type: _____
Type of accommodation, interpreter, or auxiliary aid needed or preferred

Comments : _____

_____

_____ _____
Date Signature of Applicant (Optional)

Send this form to: **Susan Clark, ADA Coordinator**
Deschutes County Circuit Court
1100 NW Bond Street
Bend, Oregon 97701

Telephone: (541) 388-5300 x 2170
e-mail:Deschutes.ADA@ojd.state.or.us