

Mohave County Courts
REASONABLE ACCOMMODATION Request Form

This form is only for people with disabilities who need accommodations.

Please submit your **accommodation request at least 10 days** before your court date, program, or service.

Name: _____ Phone: _____

Address: _____

Email: _____ Courthouse: _____

Case Number, Program/Service accommodation is needed for: _____

Date accommodation is needed: _____ Time: _____

Please describe the nature of your disability or disabilities: _____

What accommodation do you need? Please be specific. Attach additional pages if necessary.

I declare under penalty of perjury under the laws of the state of Arizona that the foregoing is true and correct.

Date: _____ Sign: _____

Please provide supporting documentation of the disability and/or need for accommodation. You may be asked to provide additional documentation or information. If we are unable to contact you for additional information your request may be denied. All information concerning this request will be kept confidential unless confidentiality is waived in writing or disclosure is required by law.

E-mail this form to Superior Court Administration at: mohavecourtadmin@courts.az.gov
Or mail to: Superior Court Administration, PO BOX 7000, 415 E. Spring St. Kingman, AZ 86402
Or give to a court clerk at the courthouse.

QUESTIONS ?

Contact Superior Court Administration if you need help filing your request for accommodation or feel you have not been treated fairly because of your disability. 928-753-0790 x4391

Response to Request for Accommodation

The request for accommodation is GRANTED The request for accommodation is DENIED
 The request for accommodation is GRANTED
with alternative(s) as noted below.

Remarks: _____

Court Administration: _____ Date: _____