



**LEHIGH COUNTY COURT SYSTEM TITLE II ADA REASONABLE ACCOMMODATION REQUEST FORM**

Appeal       Other: (please specify) \_\_\_\_\_

**6. Nature of Disability**

Nature of disability for which an accommodation is requested:

\_\_\_\_\_

**7. Accommodation requested** (please check on of the following)

Sign Language Interpreter (Please specify American Sign Language, oral interpreter, signed English, or other type of signing system used by persons with hearing loss.):

\_\_\_\_\_

Assignment of courtroom that is accessible to a person using mobility device (Please specify wheelchair, scooter, walker, or other mobility device that is used.):

\_\_\_\_\_

Other accommodation (Please specify)

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