



NEBRASKA JUDICIAL BRANCH

ADA Accommodation Request Form

If you have email, please fill out the electronic form below to request an accommodation under the Americans with Disabilities Act (ADA). It is recommended that you submit your completed form at least 10 business days prior to the date you need your accommodation, if at all possible. All requests for accommodation will be given due consideration and if necessary, may require an interactive process between the requester and the court/probation to determine the best course of action.

Should you wish to submit a paper copy instead, please print a manual copy and follow the instructions at the end of this form.

If you have questions, please contact the **ADA Coordinator**.

Enter the first Date the accommodation is needed: _____

Enter the final date the accommodation is needed: _____

Court/Probation location where the accommodation is needed (required): _____

Case name or court file number (if known): _____

All of the below information is required unless otherwise stated.

Name of person requesting accommodation, (first, middle and last names):

Address: _____

City: _____ State: _____ ZIP code: _____

Phone number: _____ Cell number (if any): _____

E-mail address: _____

The person requesting accommodation(s) is a: Plaintiff Defendant Juror Witness

Other: _____ in this case.

Type of case: Civil Criminal Juvenile Family Other: _____

(Continued on Next Page)

What specific accommodation(s) are you requesting?

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

This form is being completed by: the person requesting the accommodation(s).
 someone other than the person requesting
 accommodation(s). Name: _____

OR

Note: If you DO NOT have an EMAIL ADDRESS you can print a manual copy of this ADA request form. Please copy and send the completed request form to:

ADA Coordinator
Judy Beutler
State Capitol, Room 1213
Lincoln, NE 68509
Phone: 402-471-2921
judy.beutler@nebraska.gov