



# 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): \_\_\_\_\_

Email 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: \_\_\_\_\_  
Contact Information:  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Email address: \_\_\_\_\_

OR

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

ADA Coordinator  
Amy Prenda  
State Capitol, Room 1213  
Lincoln, NE 68509 Phone:  
402-471-2921  
amy.prenda@nebraska.gov