APPLICANT'S INFORMATION TO BE KEPT CO

APPL	ICANT'S I	NFORMATIC	ON TO BE I	KEPT CON	IFIDENTIAL	MC-410
APPLICANT (name):						
APPLICANT is Witness	Juror	Attorney	Party	Other		

APPLICANT'S ADDRESS:	
TELEPHONE NO.:	
NAME OF COURT	
STREET ADDRESS: MAILING ADDRESS:	
BRANCH NAME:	
Judge:	
Case Title:	
REQUEST FOR ACCOMMODATIONS BY PERS WITH DISABILITIES AND RESPONSE	ONS CASE NUMBER:
Applicant requests accommodation under rule 1.100 of the Californ . Type of proceeding: Criminal Civil Other:	nia Rules of Court, as follows:
Proceedings to be covered (for example, bail hearing, preliminary he	earing, trial, sentencing hearing, family, probate, juvenile):
Date or dates peoded (specify):	
. Date or dates needed (specify):	
. Medical condition necessitating accommodation (specify):	
. Type or types of accommodation requested (specify):	
Special requests or anticipated problems (apositiv)	
. Special requests or anticipated problems (specify):	rnia that the foregoing is true and correct.
Special requests or anticipated problems (<i>specify</i>): I declare under penalty of perjury under the laws of the State of Califor Date: (TYPE OR PRINT NAME)	
I declare under penalty of perjury under the laws of the State of Califor Date: (TYPE OR PRINT NAME)	(SIGNATURE)
I declare under penalty of perjury under the laws of the State of Califor Date:	(SIGNATURE)
I declare under penalty of perjury under the laws of the State of Califor Date: (TYPE OR PRINT NAME) RESPONSE The accommodation request is GRANTED and	(SIGNATURE) The accommodation is DENIED in whole or in part
I declare under penalty of perjury under the laws of the State of Califor Date: (TYPE OR PRINT NAME) RESPONSE The accommodation request is GRANTED and the court will provide the	(SIGNATURE) The accommodation is DENIED in whole or in part because it
I declare under penalty of perjury under the laws of the State of Califor Date: (TYPE OR PRINT NAME) RESPONSE The accommodation request is GRANTED and the court will provide the requested accommodation, in whole requested accommodation, in part (specify below):	(SIGNATURE) The accommodation is DENIED in whole or in part because it fails to satisfy the requirements of rule 1.100. creates an undue burden on the court.
I declare under penalty of perjury under the laws of the State of Califor Date: (TYPE OR PRINT NAME) RESPONSE The accommodation request is GRANTED and the court will provide the requested accommodation, in whole requested accommodation, in part (specify below): For the following duration:	(SIGNATURE) The accommodation is DENIED in whole or in part because it fails to satisfy the requirements of rule 1.100. fails to satisfy the requirements of rule 1.100. fundamentally alters the nature of the service, program, or activity. For the following reason (attach additional pages, if
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