

**Boulder Municipal Court
ADA REQUEST FORM**

Request for Accommodations by Persons with Disabilities

If you require accommodations under the Americans with Disabilities Act (ADA) for a Municipal Court program or service, it is recommended that you make your request at least two weeks in advance to allow the Court adequate time to review your request and make the necessary arrangements for the accommodation. All requests for accommodations, regardless of timeliness, will be given due consideration and, if necessary, may require communication between the requester and the Court to determine the best course of action. If you need assistance filling out this form, please contact the Court at 303-441-1842, during Court business hours Monday thru Friday 8:00AM to 4:30PM.

When you have completed this form, please email it to the Court at bouldermunicipalcourt@bouldercolorado.gov. If you prefer to fax it, please fax to 303-441-4233. You will be notified by the court once a decision is made, usually within 48 hours of receipt of your request.

This form is confidential and not a public record.

*Required Fields

***Requestor is:**

Party Observer Witness Attorney Juror Other:_____

***Name**_____

Email Address_____

***Phone Number**_____

Mailing Address_____

City_____ Zip code_____

Service/Program Type_____

Case Information or Number _____

Dates and times when accommodations are needed.

Please describe the physical or mental impairment necessitating your request.

Please explain the type of accommodation(s) you are requesting and include any special requests or anticipated issues. Primary consideration will be given to your request; however, the City of Boulder Municipal Court reserves the right to offer an alternative accommodation if one is more readily available and equally effective in accommodating your needs. Please note that, in rare cases, the Request for Accommodation will need to be directed to the 20th Judicial District, as they control the courthouse facility, including security. We will advise you if you need to do this.

By signing below, I attest that the above information is true to the best of my knowledge and I authorize this ADA request to be submitted.

Signature _____

Date _____

NOTE: Additional information may be needed to process your ADA request

[] Request approved _____

[] Request denied _____

Clerk or Municipal Judge / Date

Decision Communicated to Defendant _____ in person
_____ by phone

Clerk initials _____ Date _____