

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
<http://www.courts.state.nh.us>

Court Name: _____

Case Name: _____

Case Number: _____
(if known)

**REQUEST FOR ACCOMMODATION
UNDER AMERICAN DISABILITIES ACT**

Date of Request: _____

Name: _____

Address: _____
(Street) (City) (State) (Zip)

E-mail: _____ Phone: _____

Status: Juror Attorney/Legal Staff Witness Party

Other Status (specify): _____

TYPE OF ACCOMODATION REQUESTED

Date and Time Needed _____ at _____ AM PM

Please state what accommodation you are requesting and the reason for it:

Date

Signature of Requestor/Person Completing the Form

Relationship to Requestor

Submit form to: Clerks office in the courthouse where you are seeking an accommodation.

Refer to NH Judicial Branch website for information related to the American with Disabilities Act.