APPLICANT'S INFORMATION TO BE KEPT CONFIDENTIAL

MC-410

APPLICANT *(name):*

APPLICANT is ☐ Witness ☐ Juror ☐ Attorney ☐ **Party** ☐ Other *(Specify)*

Person submitting request *(name):*

APPLICANT'S ADDRESS:

TELEPHONE NO.:

SUPERIOR COURT OF CALIFORNIA, COUNTY OF FRESNO
Criminal Department Central Division
1100 Van Ness Avenue
Fresno, California 93724

Judge:

Case Title:

REQUEST FOR ACCOMMODATIONS BY PERSONS WITH DISABILITIES AND RESPONSE

CASE NUMBER:

Applicant requests accommodation under rule 1.100 of the California Rules of Court, as follows:

1. Type of proceeding: ☐ Criminal ☐ Civil ☐ Other:
2. Proceedings to be covered (for example, bail hearing, preliminary hearing, trial, sentencing hearing, family, probate, juvenile):
3. Date or dates needed *(specify):*
4. Medical condition necessitating accommodation *(specify):*
5. Type or types of accommodation requested *(specify):*
6. Special requests or anticipated problems *(specify):*

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Date:

(TYPE OR PRINT NAME) (SIGNATURE)

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:

☐ For the above matter or appearance

☐ From *(dates)*: to

☐ Indefinite period

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.

☐ fundamentally alters the nature of the service, program, or activity.

For the following reason *(attach additional pages, if necessary):* [See Cal. Rules of Court, rule 1.100(g), for the review procedure]

☐ The Court will provide the alternative accommodation as follows:

Date response delivered in person or sent to applicant:

(TYPE OR PRINT NAME) (SIGNATURE)

☐ SIGNATURE FOLLOWS THE LAST PAGE OF THE RESPONSE.