

Mohave County Courts
REASONABLE ACCOMMODATION Request Form

This form is only for people with disabilities who need accommodations in court.

Please submit your **accommodation request** at least **10 days** before your court date.

Name: _____ Phone: _____

Address: _____

Email: _____ Courthouse: _____

Case Number: _____ Type of Case: _____

Date of Court Case: _____ Time: _____

Disability or Disabilities: _____

What accommodation do you need? Please be specific. Attach additional pages if necessary.

I declare under penalty of perjury under the laws of the state of Arizona that the foregoing is true and correct.

Date: _____ Sign: _____

Please provide supporting documentation of the disability.
All information concerning this request will be kept confidential, unless
confidentiality is waived in writing or disclosure is required by law.

E-mail this form to Superior Court Administration at: mohavecourtadmin@courts.az.gov
Or mail to: Superior Court Administration, PO BOX 7000, 415 E. Spring St. Kingman, AZ 86402
Or give to a court clerk at the courthouse.

QUESTIONS ?

Contact Superior Court Administration if you need help filing your request for accommodation or feel you have not been treated fairly because of your disability. 928-753-0790 x4391

Response to Request for Accommodation

☐ The request for accommodation is GRANTED
☐ The request for accommodation is GRANTED
with alternative(s) as noted below.

☐ The request for accommodation is DENIED because:
☐ The requestor does not satisfy rule requirements
☐ It would create an undue burden on the court; and/or
☐ It would fundamentally alter the nature of the service.

Remarks: _____

Court Administration: _____ Date: _____