

# Mohave County Courts Grievance Form – ADA

This form is for use by any user of the Mohave County Court system – including, but not limited to, parties, attorneys, jurors, witnesses, or members of the public – who believe that they have been subject to discrimination by the Mohave County Courts based on a disability in violation of Title II of the Americans with Disabilities Act (ADA). This form must be submitted to Superior Court Administration within sixty (60) days of the alleged discrimination.

Please fill out this form and mail it to Superior Court Administration, at the following address:

Superior Court Administration  
P.O. Box 7000  
415 E. Spring Street  
Kingman, AZ 86402  
928-753-0790 x4391

If assistance is needed to complete this form, we will be available to help you, upon request. Please contact Court Administration at the address above.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Nature of Disability: \_\_\_\_\_

Name, Address of alternative contact: \_\_\_\_\_

Court / Division alleged to have denied Access: \_\_\_\_\_

Location of Alleged discrimination: \_\_\_\_\_

Date / Time of Alleged discrimination: \_\_\_\_\_

Please describe the way in which you believe you have been denied the benefit, service, or activity of the Mohave County courts, or have otherwise been the subject of discrimination.

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Please state the names of any Mohave County Court employees involved in the incident, as well as the names, addresses and telephone numbers of any witnesses to the incident.

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Please attach all documentation that you believe to be relevant to this grievance.