

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

ACCOMMODATIONS REQUEST FORM

Today's Date: _____

Name: _____

Phone number where you or a person communicating
on your behalf may be reached by the Court: _____

Email address where you or a person communicating
on your behalf may be reached by the Court: _____

Your reason for coming to court:

I am an attorney representing a party in a case.

I am a party in a case.

I am a family member of a party in a case.

I am a juror.

Other: _____

Case Number if applicable: _____

Judge's Name if applicable: _____

Date(s) accommodation is needed: _____

What type of request are you submitting today?

Assisted Listening

American Sign Language (ASL) Interpretation

Service dog or other animal accompaniment

Wheelchair access in courtroom

Use of mobile phone as a medical device, such as glucose monitor, in courthouse

Other: _____

Please provide details about the reason for your request: _____

Please submit this form to accommodations@nyed.uscourts.gov or mail to:

Access Coordinator, United States District Court

Eastern District of New York, 225 Cadman Plaza East, Brooklyn, NY 11201