

**Coconino County Courts  
Request for Reasonable Accommodations- ADA**

Applicant (name): \_\_\_\_\_

APPLICANT IS:  Witness     Juror     Attorney     Party     Other:\_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Applicant's Telephone Number: \_\_\_\_\_

Applicant's Email Address: \_\_\_\_\_

How do you want to be informed of the status of your request for accommodation?

Phone     Writing     Email     In Person     Other (specify)\_\_\_\_\_

Name of Court or Court Program, Service or Activity for which Accommodation is Requested (if accommodation is for a court case, please specify case name and number):

\_\_\_\_\_  
\_\_\_\_\_

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

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

City and Zip: \_\_\_\_\_

Applicant requests accommodation under Title II of the Americans with Disabilities Act, as follows:

1. Type of proceeding or court service, activity or program:

Criminal     Civil     Other (specify)\_\_\_\_\_

2. Proceedings to be covered (e.g. trial, bail hearing, preliminary hearing, witnesses at trial, sentencing hearing, or other court service, program or activity):

\_\_\_\_\_  
\_\_\_\_\_

3. Dates accommodations needed (specify): \_\_\_\_\_

4. Impairment necessitating accommodations (must be one that is covered under ADA. Please provide any supporting medical documentation): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Type of accommodations (be specific): \_\_\_\_\_

6. Special requests or anticipated problems (specify): \_\_\_\_\_

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

Date: \_\_\_\_\_

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Signature of Applicant

Please give the completed form (and any relevant documents) to Coconino County Superior Court courtroom staff, or the Clerk’s Office, or submit it by mailing it to the ADA Coordinator at the address listed below:

Martie Delgadillo, Administrative Senior Manager  
200 N. San Francisco Street  
Flagstaff, AZ 86001  
928-679-7507

If you need help completing the form, please ask the ADA Coordinator for assistance. Alternative means of submitting an accommodation request, such as by personal interview or a tape recording, will be made available to qualified individuals with disabilities upon request.

Upon receiving the form, the ADA Coordinator will, as soon as reasonably possible, provide a response to the request for accommodation.

**RESPONSE TO REQUEST FOR ACCOMODATION**

The request for accommodation is GRANTED because

- The Applicant satisfies the requirements of the rule.
- It does not create an undue burden on the court.
- It does not fundamentally alter the nature of the service, program, or activity.
- Alternative accommodations granted (specify):

\_\_\_\_\_  
\_\_\_\_\_

The request for accommodation is DENIED because

- The Applicant does not satisfy Title II’s requirements; and/or
- It would create an undue burden on the court; and/or
- It would fundamentally alter the nature of the service, program, or activity.

Grievance Procedures: If you are dissatisfied with the response with the response to your request, you may utilize the Grievance Procedures, described in Coconino County Superior Court’s “Notice of Court Access Information for Persons with Disabilities.” Grievances must be filed within sixty (60) days of the alleged discriminatory act. You may also utilize any other remedy allowed under federal or state law by filing a complaint with the appropriate federal or state agency.

**Coconino County Courts  
Grievance Form- ADA**

*This form is for use by any user of the Coconino County court system- including but not limited to, parties, attorneys, jurors, witnesses, or members of the public- who believes that he or she has been subject to discrimination by the Coconino County Courts based on a disability in violation of Title II of the Americans with Disabilities Act (“ADA”). This form must be submitted to the ADA Coordinator within sixty (60) days of the alleged discrimination.*

Please fill out this form in detail and mail it to the ADA Coordinator, at the following address:

Martie Delgadillo, Administrative Senior Manager  
200 N. San Francisco Street  
Flagstaff, AZ 86001  
928-679-7507

If assistance is needed to complete this form, the ADA Coordinator will be available to help you, upon request. Alternative means of submitting this form, such as by personal interview or by tape recording, will be made available to qualified individuals with disabilities, upon request.

Name of Complainant: \_\_\_\_\_

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

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

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

Name, Address and Telephone Number to Alternative Contact Person:

\_\_\_\_\_

Court/Division Alleged to have Denied Access: \_\_\_\_\_

Location of Alleged Discrimination: \_\_\_\_\_

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

Please describe the particular way in which you believe you have been denied the benefit, service, program or activity of the Coconino County Courts, or have otherwise been subject of discrimination as a person with a disability, by the Coconino County Courts.

Please state, if known, the names/positions of any Coconino county Court employees involved in the incident, as well as the names, addresses and telephone numbers of any witnesses to any such incident, if available.

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