



**APPLICANT'S INFORMATION TO BE KEPT CONFIDENTIAL**

<b>APPLICANT (name):</b>		FOR COURT USE ONLY
APPLICANT IS: <input type="checkbox"/> Witness <input type="checkbox"/> Juror <input type="checkbox"/> Attorney <input type="checkbox"/> Party <input type="checkbox"/> Other (Specify) Person submitting request (name): APPLICANT'S ADDRESS:  TELEPHONE NO:		
NAME OF COURT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE:		
COURT NUMBER/NAME OF JUDGE:		
CASE NAME:		
<b>REQUEST FOR AUXILIARY AIDS AND/OR SERVICES BY PERSONS WITH DISABILITIES and ORDER</b>		

**Applicant requests auxiliary aids and/or services under the American with Disabilities Act as follows:**

1. Type of proceeding:    Family    Civil
2. Proceedings to be covered (e.g., preliminary hearing, particular witness at trial, jury trial, trial to the court):
3. Dates auxiliary aids and/or services needed: (specify):
4. Type of auxiliary aids and/or services requested (be specific):
5. Special requests or anticipated problems (specify):
6. I request that my identity:         BE kept CONFIDENTIAL         NOT be kept CONFIDENTIAL

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

.....  
(TYPE OR PRINT NAME)

\_\_\_\_\_      ▶  
(SIGNATURE OF APPLICANT)

**ORDER**

- |  |  |
|--|--|
| <input type="checkbox"/> The request for auxiliary aids and/or services is <b>GRANTED</b> and the Court will provide:<br><input type="checkbox"/> Requested auxiliary aids and/or services, in whole<br><input type="checkbox"/> Request auxiliary aids and/or services, in part (specify below)<br><br><input type="checkbox"/> Alternative auxiliary aids and/or services (Specify below)<br><input type="checkbox"/> For the following duration:<br><br><input type="checkbox"/> Applicant declined aids and/or services offered. | <input type="checkbox"/> The request for auxiliary aids and/or services is <b>DENIED</b> because:<br><input type="checkbox"/> The applicant does not satisfy the requirements.<br><input type="checkbox"/> It creates an undue burden on the court.<br><br><input type="checkbox"/> It fundamentally alters the nature of the service, program, or activity for the following reason (attach additional pages, if necessary) : |
|--|--|

Date:

\_\_\_\_\_  
JUDGE'S SIGNATURE