



APPLICANT'S INFORMATION TO BE KEPT CONFIDENTIAL

APPLICANT (name):	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:	
REQUEST FOR AUXILIARY AIDS AND/OR SERVICES BY PERSONS WITH DISABILITIES and ORDER	
	CASE NUMBER:

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

1. Proceedings to be covered (e.g., preliminary hearing, particular witness at trial, jury trial, trial to the court):
2. Dates auxiliary aids and/or services needed: *(specify)*:
3. Type of auxiliary aids and/or services requested *(specify)*:
4. Special requests or anticipated problems *(specify)*:
5. 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 GRANTED and the Court will provide:

<input type="checkbox"/> Requested auxiliary aids and/or services, in whole

<input type="checkbox"/> Request auxiliary aids and/or services, in part (specify below)

<input type="checkbox"/> Alternative auxiliary aids and/or services (Specify below) | <input type="checkbox"/> The request for auxiliary aids and/or services is DENIED because:

<input type="checkbox"/> The applicant does not satisfy the requirements.

<input type="checkbox"/> It creates an undue burden on the court.

<input type="checkbox"/> It fundamentally alters the nature of the service, program, or activity for the following reason (attach additional pages, if necessary) : |
|---|--|

For the following duration:

(Specify):

Date: _____ JUDGE'S SIGNATURE