

**Rhode Island Administrative Office of State Courts
Request Form for Sign Language Interpreters, Assistive Listening
Equipment, or Other ADA Accommodation**

Person(s) needing the accommodation							
Address							
Telephone		TTY*/Voice		E-mail			
If minor, list name, address, telephone, and email of parent or guardian							
If person has an attorney, list name address, telephone, facsimile, and email							
Requestor's Name (if different from person needing accommodation)							
Address							
Telephone		TTY*/Voice		E-mail			
Requested Accommodation	Sign Language Interpreter	<input type="checkbox"/> ASL*	<input type="checkbox"/> Signed English	<input type="checkbox"/> Oral	<input type="checkbox"/> CDI*	<input type="checkbox"/> Other:	
	Assistive Listening Equipment	Describe Need:					
		Does requesting party wear a hearing aid?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Does the hearing aid have a "T" switch?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
		If yes, do you wish to use the "T" switch with assistive listening equipment?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If party is bringing own assistive listening equipment, please describe equipment and need:						
Other Equipment or Services	Describe Need						
	Describe Accommodation						
Date(s) accommodation is needed					Time period		
Court, location, courtroom, and judicial officer (if known)							
Case Name				Case number			
Type of Proceeding							
Role of person(s) needing accommodation		<input type="checkbox"/> Juror	<input type="checkbox"/> Attorney	<input type="checkbox"/> Witness	<input type="checkbox"/> Plaintiff	<input type="checkbox"/> Defendant	<input type="checkbox"/> Other:
Requestors may be asked to provide medical documentation in support of his/her request for an accommodation.							
Please send copies of this completed form to the relevant court administrator or that court's ADA contact person <u>AND</u> to the ADA Office at ada@courts.ri.gov or (401) 615-2469							
[TTY* users via RI RELAY at 7-I-I]							
*TTY = Text Telephone		*ASL = American Sign Language			*CDI = Certified Deaf Interpreter		

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or Other ADA Accommodation Need**

COURT PERSONNEL TO COMPLETE BELOW

Court personnel must confirm accommodation (or inability to accommodate) with the court user needing accommodation and/or that user's representative (e.g., attorney, guardian, etc.), and with the judicial officer or courtroom clerk at least two (2) days in advance of court proceeding, if feasible.

Name of Court Employee Handling Request:			
Action Taken:	Referral to:		
	(Note ADA office, specific contact person, or CDHH)		
	Telephone:	Facsimile:	On Date/Time:
	Other:		
	Message Taken By:		On Date/Time:
<ul style="list-style-type: none"> If request is for <u>Sign Language Interpreter</u>, contact the ADA Office at ada@courts.ri.gov or at (401) 615-2469 and Commission on the Deaf and Hard of Hearing interpreter referral service at CDHH.Interpreter@cdhh.ri.gov, (401) 222-5300, or by facsimile at (401) 222-5736. If request is to bring <u>own</u> assistive listening equipment, contact the ADA Office at ada@courts.ri.gov or at (401) 615-2469 and notify court clerk or that court's ADA contact person. <ul style="list-style-type: none"> If request is to have <u>court</u> provide assistive listening equipment, CART, or other accommodation, contact ADA Office at ada@courts.ri.gov or at (401) 615-2469 and that court's ADA contact person. 			
Court Contact Person:			
Court:		Telephone:	Email:
Judicial Officer:			
Accommodation(s) Supplied:			
Accommodations Denied:			
Other:			
Confirmation sent via <input type="checkbox"/> MAIL <input type="checkbox"/> FACSIMILE <input type="checkbox"/> EMAIL <input type="checkbox"/> TELEPHONE <input type="checkbox"/> OTHER			Date: