

If you have a disability and need an accommodation while you are at court, you can use this form to make your request. For more information, see form MC-410-INFO.



Make this request at least **5 days** (when the court is open) before you need the accommodation.

*Clerk receives and date stamps here.*

**1 Your information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Court Name and Address:  
\_\_\_\_\_  
\_\_\_\_\_

Case Number (if you know it):  
\_\_\_\_\_

Case Name/Type (if you know it):  
\_\_\_\_\_

**2 How are you involved in the case?**

- Juror    Party    Witness    Lawyer
- Other (explain): \_\_\_\_\_

**3 When and where do you need the accommodation?** [date(s), time(s), and court location] \_\_\_\_\_

**4 What accommodation do you need at the court?**

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

**5 Why do you need this accommodation to assist you in court?**

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

More information on this request is attached.

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

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Signature

**(Optional)** If a court employee, caregiver or other person helped fill out this form and is **willing to provide more information if needed**, provide contact information below:

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_



Name: \_\_\_\_\_

Case Number (if you know it): \_\_\_\_\_

----- **Court fills out below** -----



**(Optional)**

**Important!** If your case is delayed or dismissed after you make this request and you do not need the accommodation for the date you specified under 3, please contact the court at:

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Your request is **GRANTED**. The court will provide the accommodation(s) requested.

Your request is **DENIED IN WHOLE OR IN PART**. The denied portion of your request:

- Does not meet the requirements of [Cal. Rules of Court, rule 1.100](#).
- Creates an undue financial or administrative burden for the court.
- Changes the basic nature of the court's service, program, or activity.

Explain the reasons supporting the box(es) checked above:

\_\_\_\_\_

\_\_\_\_\_

**Instead**, the court will provide the following accommodation(s):

\_\_\_\_\_

\_\_\_\_\_

**The court will provide the accommodation(s):**

For the date(s) and time(s) requested       Indefinitely

On date(s): \_\_\_\_\_

More information on this decision is attached.

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

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Signature

The court responded in person, by phone, or mail/email on: \_\_\_\_\_

**Note:** You may be able to ask for a review of this decision.  
[Cal. Rules of Court, rule 1.100\(g\)](#) explains how to do this.