

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:

Superior Court of California -
County of Calaveras
400 Government Center Drive, San
Andreas CA 95249-9794

Case Number (if you know it):**2 How are you involved in the case?**☐ Juror ☐ Party ☐ Witness ☐ Lawyer☐ Other (explain): _____**Case Name/Type (if you know it):****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.