

# FLORIDA STATE COURTS SYSTEM ADA TITLE II ACCOMMODATION REQUEST FORM

November 30, 2023

## RIGHT TO AN ACCOMMODATION

If you are an individual with a disability who needs accommodation in order to participate in a court proceeding or other court service, program, or activity, you are entitled, at no cost to you, to the provision of certain assistance. Requests for accommodations may be presented on this form, in another written format, or orally. Please complete the attached form and return it to

**Downtown Civil Courthouse** - ADA Coordinator, 301 N. Park Avenue, Suite N301, Sanford, Florida 32771, phone: 407-665-4227.

**Criminal Justice Center** – ADA Coordinator, 101 Eslinger Way, 3<sup>rd</sup> Floor, Sanford, FL 32773, phone: 407-665-4227.

as far in advance as possible, but preferably at least seven (7) days before your scheduled court appearance or other court activity.

**Upon request by a qualified individual with a disability, this document will be made available in an alternate format. If you need assistance in completing this form due to your disability, or to request this document in an alternate format, please contact.**

**See Above**

## ADA ACCOMMODATIONS PROVIDED BY FLORIDA COURTS

Pursuant to Title II of the Americans with Disabilities Act the Florida State Courts System will make reasonable modifications in policies, practices, and procedures; furnish auxiliary aids and services; and afford program accessibility through the provision of accessible facilities, the relocation of services or programs, or the provision of services at alternative sites, as appropriate and necessary.

Examples of auxiliary aids or services that the State Courts System may provide for qualified individuals with disabilities include:

- Assistive listening devices
- Qualified ASL or other types of interpreters for persons with hearing loss
- Communication access real-time translation / Real-time transcription services
- Accessible formats such as large print, Braille, electronic document, or audio tapes
- Qualified readers

Accommodations that are granted by the state courts are made at no cost to qualified individuals with disabilities.

## **AIDS/SERVICES COURTS CANNOT ADMINISTRATIVELY GRANT AS ADA ACCOMMODATIONS**

Examples of aids or services the Florida State Courts System cannot provide as an accommodation under Title II of the Americans with Disabilities Act include:

- Transportation to and from the courthouse
- Legal counsel or advice
- An official transcript of a court proceeding
- Personal devices such as wheelchairs, hearing aids, or prescription eyeglasses
- Personal services such as medical or attendant care
- Readers for personal use or study

Additionally, the courts cannot administratively grant, as an ADA accommodation, requests that impact court procedures within a specific case. Requests for an extension of time, a change of venue, or participation in court proceedings by telephone or videoconferencing must be submitted by written motion to the presiding judge as part of the case. The judge may consider an individual's disability, along with other relevant factors, in granting or denying the motion.

Furthermore, the court cannot exceed the law in granting a request for an accommodation. For example, the court cannot extend the statute of limitations for filing an action because someone claims that he or she could not make it to the court on time due to a disability, nor can the court modify the terms of agreements among parties as an ADA accommodation.

Finally, the Americans with Disabilities Act (ADA) does not require the court system to take any action that would fundamentally alter the nature of court programs, services, or activities, or that would impose an undue financial or administrative burden on the courts.

## **DOCUMENTATION OF THE NEED FOR AUXILIARY AIDS AND SERVICES**

If an individual has a disability that is not obvious, or when it is not readily apparent how a requested accommodation relates to an individual's impairment, it may be necessary for the court to require the individual to provide documentation from a qualified health care provider in order for the court to fully and fairly evaluate the accommodation request. These information requests will be limited to documentation that (a) establishes the existence of a disability; (b) identifies the individual's functional limitations; and (c) describes how the requested accommodation addresses those limitations. Any cost to obtain such documentation is the obligation of the person requesting the accommodation.

## FLORIDA STATE COURTS SYSTEM TITLE II ADA ACCOMMODATION REQUEST FORM

**Please return this completed form to**

**Downtown Civil Courthouse** - ADA Coordinator, 301 N. Park Avenue, Suite N301, Sanford, Florida 32771, phone: 407-665-4227.

**Criminal Justice Center** – ADA Coordinator, 101 Eslinger Way, 3<sup>rd</sup> Floor, Sanford, FL 32773, phone: 407-665-4227.

**as far in advance as possible, but preferably at least seven (7) days before your scheduled court appearance or other court activity.**

1. Date request submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Person needing accommodation

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

Are you (please check one of the following seven options):

☐ Defendant   ☐ Litigant/Party   ☐ Witness   ☐ Juror   ☐ Victim   ☐ Attorney

☐ Other (please specify): \_\_\_\_\_

3. Contact information for person needing accommodation

Street or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number (include area code): \_\_\_\_\_

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

4. Person making request (if other than the person needing the accommodation)

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

Telephone Number (include area code): \_\_\_\_\_

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

Relationship to person needing an accommodation: \_\_\_\_\_

5. Case information (if applicable)

Style of case (case title), if known: \_\_\_\_\_

Case number, if known: \_\_\_\_\_

Judge, if known: \_\_\_\_\_

Date accommodation needed: \_\_\_\_\_

Time accommodation needed: \_\_\_\_\_

Location (courthouse/courtroom) accommodation needed: \_\_\_\_\_

Duration for which the accommodation is requested: \_\_\_\_\_

Type of case, if known (please check one of the following ten options):

- ☐ appeal   ☐ circuit criminal   ☐ circuit civil   ☐ family court  
☐ probate, guardianship, or mental health   ☐ county criminal   ☐ county civil  
☐ traffic court   ☐ small claim   ☐ other (please specify) \_\_\_\_\_

Type of proceeding, if known (please check one of the following six options):

- ☐ arraignment   ☐ bond hearing   ☐ hearing   ☐ trial   ☐ appellate oral argument  
☐ other (please specify) \_\_\_\_\_

6. Accommodations requested

Nature of disability that necessitates accommodation: \_\_\_\_\_

Accommodation requested (please check one of the following six options):

☐ Assistive listening device (*Assistive listening systems work by increasing the loudness of sounds, minimizing background noise, reducing the effect of distance, and overriding poor acoustics. The listener uses a receiver with headphones or a neckloop to hear the speaker.*)

☐ Communication access real-time translation/real-time transcription services (*CART is a word-for-word speech-to-text interpreting service for people who need communication access. A rendering of everything said in the courtroom will appear on a computer screen. CART is not an official transcript of a court proceeding.*)

☐ Sign Language Interpreter (*Please specify American Sign Language, oral interpreter, signed English, or other type of signing system used by persons with hearing loss.*): \_\_\_\_\_

☐ Assignment to a courtroom that is accessible to a person using a mobility device (*Please specify wheelchair, scooter, walker, or other mobility device that is used.*): \_\_\_\_\_

☐ Provision of court documents in an alternative format (*Please specify Braille, large print, accessible electronic document, or other accessible format used by persons who are blind or have low vision.*): \_\_\_\_\_

☐ Other accommodation (please specify): \_\_\_\_\_

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

7. Use the Submit Button (immediately following) to send us your request:

☐ Submit Request

**THE FOLLOWING SECTION IS TO BE COMPLETED BY COURT PERSONNEL ONLY**

8. Date request was received: \_\_\_\_/\_\_\_\_/\_\_\_\_

9. Additional oral or written information requested? ☐ Yes ☐ No

If so, describe information: \_\_\_\_\_

\_\_\_\_\_

10. Describe the accommodation(s) granted by the court: \_\_\_\_\_

\_\_\_\_\_

11. Indicate the duration the accommodation will be provided: \_\_\_\_\_

\_\_\_\_\_

12. If an accommodation is denied, indicate reason(s) for denial:<sup>1</sup>

☐ Based on the information provided, it appears the person does not have a disability as defined by the ADA

☐ Requested accommodation does not directly correlate to functional limitations

☐ Request relates to a service, program, or activity outside the court system (transportation, legal representation, mental health counseling, parenting course, etc.)

☐ Request is for an aid/service the courts cannot administratively grant as an accommodation pursuant to Title II of the ADA (official transcript, extension of time, etc.)

☐ Requested accommodation would result in an undue burden

☐ Requested accommodation would result in a fundamental alteration

☐ Other (please specify): \_\_\_\_\_

13. Remarks: \_\_\_\_\_

\_\_\_\_\_

<sup>1</sup> If the request is denied, granted only in part, or if an alternative accommodation is granted, Rule of Judicial Administration 2.540 requires the court to respond in writing to the individual with a disability. Transmittal of a copy of this section of the accommodation request form by email or by U.S. Mail delivery is one means of providing the written response required by rule 2.540. If an accommodation is denied due to a finding of undue burden or fundamental alteration, the Americans with Disabilities Act requires that such determination be made in writing by the chief judge or chief judge's designee.

---

14. Court staff responding to request: \_\_\_\_\_

15. Date person notified of determination: \_\_\_\_/\_\_\_\_/\_\_\_\_