

Americans With Disabilities Act

The Family Court will, upon request and with five (5) business days advance notice, provide reasonable accommodation to any person with a disability wishing to attend court at no cost to the individual. To request an accommodation to participate in or attend court proceedings, submit the **ADA Accommodations Request Form**. For further information concerning your rights under ADA, please contact the Court Administrator's Office at (225)-389-4680.

**THE FAMILY COURT
PARISH OF EAST BATON ROUGE
STATE OF LOUISIANA
REQUEST FOR REASONABLE ACCOMMODATION**

Section 1	Case Number: _____ Case Date: _____ Case Name: _____												
Section 2	Person Requesting Accommodation: _____ <i>Last Name, First Name</i> _____ <i>Mailing Address</i> _____ <i>City, State, Zip Code</i> _____ <i>Email Address</i>												
Section 3	I am participating in a Court proceeding/activity as a (check all that apply): <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"><input type="checkbox"/></td><td>Petitioner / Plaintiff</td></tr> <tr><td><input type="checkbox"/></td><td>Defendant/Respondent</td></tr> <tr><td><input type="checkbox"/></td><td>Witness</td></tr> <tr><td><input type="checkbox"/></td><td>Attorney</td></tr> <tr><td><input type="checkbox"/></td><td>Judicial Officer</td></tr> <tr><td><input type="checkbox"/></td><td>Other (<i>Please specify interest in or connection to proceeding, if any</i>):</td></tr> </table> _____	<input type="checkbox"/>	Petitioner / Plaintiff	<input type="checkbox"/>	Defendant/Respondent	<input type="checkbox"/>	Witness	<input type="checkbox"/>	Attorney	<input type="checkbox"/>	Judicial Officer	<input type="checkbox"/>	Other (<i>Please specify interest in or connection to proceeding, if any</i>):
<input type="checkbox"/>	Petitioner / Plaintiff												
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<input type="checkbox"/>	Witness												
<input type="checkbox"/>	Attorney												
<input type="checkbox"/>	Judicial Officer												
<input type="checkbox"/>	Other (<i>Please specify interest in or connection to proceeding, if any</i>):												
Section 4	Please list all known dates and times the accommodations will be needed (specify):												
Section 5	Why is the accommodation needed?												
Section 6	What accommodation is needed and why?												
Section 7	Please provide any information that would help the Court respond to your request.												
Section 8	How do you want to be informed of the status of your request for accommodation? <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><input type="checkbox"/> Phone</td> <td style="width: 20%;"><input type="checkbox"/> Writing</td> <td style="width: 20%;"><input type="checkbox"/> E-mail</td> <td style="width: 20%;"><input type="checkbox"/> In Person</td> <td style="width: 20%;"><input type="checkbox"/> Other (specify):</td> </tr> </table> Date: _____ at _____ <i>(City, State)</i> _____ <i>(Type or print name of person making this request)</i> _____ <i>(Signature of person making this request)</i>	<input type="checkbox"/> Phone	<input type="checkbox"/> Writing	<input type="checkbox"/> E-mail	<input type="checkbox"/> In Person	<input type="checkbox"/> Other (specify):							
<input type="checkbox"/> Phone	<input type="checkbox"/> Writing	<input type="checkbox"/> E-mail	<input type="checkbox"/> In Person	<input type="checkbox"/> Other (specify):									

PLEASE SUBMIT THIS FORM VIA
FAX to 225-389-4952,
EMAIL to rbullion@familycourt.org,
OR HAND DELIVERY/MAIL to:
 THE FAMILY COURT OF EAST BATON ROUGE PARISH
 SUITE 4122 – Ronnie Bullion, Administrator
 300 NORTH BLVD
 BATON ROUGE, LA 70801