

APPLICANT'S INFORMATION TO BE KEPT CONFIDENTIAL

MC-410

<p>APPLICANT (name): APPLICANT is <input type="checkbox"/> Witness <input type="checkbox"/> Juror <input type="checkbox"/> Attorney <input type="checkbox"/> Party <input type="checkbox"/> Other (Specify) Person submitting request (name): APPLICANT'S ADDRESS: TELEPHONE NO.:</p>	<p>FOR COURT USE ONLY</p>
<p>NAME OF COURT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:</p>	
<p>JUDGE:</p>	
<p>CASE TITLE</p>	
<p>REQUEST FOR ACCOMMODATIONS BY PERSONS WITH DISABILITIES AND RESPONSE</p>	<p>DEPARTMENT: CASE NUMBER:</p>

Applicant requests accommodation under rule 1.100 of the California Rules of Court, as follows:

1. Type of proceeding: Criminal Civil
2. Proceedings to be covered (for example, bail hearing, preliminary hearing, trial, sentencing hearing, family, probate, juvenile):
3. Date or dates needed (specify):
4. Impairment necessitating accommodation (specify):
5. Type or types of accommodation requested (specify):
6. Special requests or anticipated problems (specify):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

_____  _____
 (TYPE OR PRINT NAME) (SIGNATURE)

RESPONSE

The accommodation request is **GRANTED** and the court will provide the
 requested accommodation, in whole
 requested accommodation, in part (specify below):
 alternative accommodation (specify below):

For the following duration:
 For the above matter or appearance
 From (dates): _____ to _____
 Indefinite period

Date:

_____ (TYPE OR PRINT NAME) _____ (SIGNATURE)

SIGNATURE FOLLOWS THE LAST PAGE OF THE RESPONSE.