## APPLICANT'S INFORMATION TO BE KEPT CONFIDENTIAL

MC-410

APPLICANT (name):		FOR COURT USE ONLY
APPLICANT is Witness Juror Attorney	Party Other	
Person submitting request (name):	(Spec	(fy)
APPLICANT'S ADDRESS:		
TELEPHONE NO.:		
IAME OF COURT:		
STREET ADDRESS:		
MAILING ADDRESS: CITY AND ZIP CODE:		
BRANCH NAME:		
JUDGE:		
CASE TITLE:		DEPARTMENT:
REQUEST FOR ACCOMMODATIONS BY PERSONS WITH DISABILITIES AND RESPONSE		CASE NUMBER:
Applicant requests accommodation under rule 1.100 of the Cali	fornia Rules of Cour	rt, as follows:
1. Type of proceeding: Criminal Civil Other:		
2. Proceedings to be covered (for example, bail hearing, preliminar	y hearing, trial, senten	cing hearing, family, probate, juvenile):
3. Date or dates needed (specify):		
4 Impoirment accessitating accommodation (appoint)		
a. Impairment necessitating accommodation (specify).		
5. Type or types of accommodation requested (specify):		
<ul> <li>5. Type or types of accommodation requested (specify):</li> <li>6. Special requests or anticipated problems (specify):</li> <li>I declare under penalty of perjury under the laws of the State of Cali</li> </ul>	fornia that the foregoi	ng is true and correct.
<ul> <li>5. Type or types of accommodation requested (specify):</li> <li>6. Special requests or anticipated problems (specify):</li> <li>declare under penalty of perjury under the laws of the State of Cali</li> <li>Date:</li> </ul>	fornia that the foregoi	ng is true and correct.
<ul> <li>5. Type or types of accommodation requested (specify):</li> <li>6. Special requests or anticipated problems (specify):</li> <li>declare under penalty of perjury under the laws of the State of Cali</li> <li>Date:</li> </ul>	•	
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WITH DISABILITIES AND RESPONSE