

Accommodation/Interpreter Request

Case No. (if any) _____

Name of Person Requesting Accommodation	Address
Telephone/TTY Number	

1. The person who needs the accommodation is a:

- party witness
- juror attorney
- other: _____

2. The accommodation will be needed:

- on (date) _____ at (time) _____ a.m. p.m.
- for all proceedings related to this case.

3. The accommodation needed is:

- Wheelchair space
- Foreign language interpreter (specify): _____
- American Sign Language (ASL) interpreter
- Other sign language interpreter (specify): _____
- Oral interpreter
- Realtime (videotext) translation
- Assistive listening device
- Large print/enlarged materials
- Breaks for medical reasons (state reason/frequency): _____
- Other (specify): _____

4. More information about available accommodations is needed to explain these options.

Contact (name): _____

- by voice phone: _____
- by TTY/Wisconsin Relay: _____
- by mail (address): _____

Name of Person Completing Form

Date