

OARC ADA ACCOMMODATION REQUEST FORM

STATE OF COLORADO SUPREME COURT
OFFICE OF ATTORNEY REGULATION
1300 Broadway, Suite 500
Denver, CO 80203
(303) 457-5800

When you are done completing this form, please mail to the address above. You will be notified once a decision is made on your request. Additional information may be needed to process your ADA request.

Genetic Information Nondiscrimination Act or 2008 Compliance: When filling out this form, **do not provide any genetic information** which is defined to mean: information about the individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive.

Type of Admission:

Please provide the following information:

**Request for Accommodation by Person with a Disability-
Choose of on the following- Attorney, Member of the Public, Employee or Other**

Name

First

Middle

Last

Address

Address Line 1

City

State

Zip Code

Phone

Investigative Case Name and Number (if applicable)

Dates, Times, and Location when accommodations are needed

Please describe the physical or mental limitation necessitating accommodation

Please explain the type of accommodation(s) requested and any special requests or anticipated problems. Primary consideration will be given to the requested accommodation; however, the OARC reserves the right to offer an alternative accommodation if one is more readily available and equally effective in accommodating your needs.

I attest that the above information is true to the best of my knowledge and authorize this ADA request to be submitted.

Yes, I agree.

Signature

Date:
