



# BRYAN COUNTY STATE COURT

Post Office Box 787  
151 College St.  
Pembroke, Georgia 31321  
(912) 653-4503

## Title II ADA REQUEST FORM

*Please return this completed form to Amber Merriam, ADA Coordinator/Court Administrator, [amerriam@bryancountyga.gov](mailto:amerriam@bryancountyga.gov), as far in advance as possible, but preferably at least seven (7) days before your scheduled court appearance or other court activity. A late submission may result in the form not being processed in advance of the scheduled court appearance/court activity.*

1. Date request submitted: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

2. Person needing accommodation

Name: \_\_\_\_\_

Are you (please check one of the following seven options):

Defendant  Litigant/Party  Witness  Juror  Victim  Attorney

Other (please specify): \_\_\_\_\_

3. Contact information for person needing accommodation

Street or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number (include area code): \_\_\_\_\_

Email Address: \_\_\_\_\_

4. Person making request (if other than the person needing the accommodation)

Name: \_\_\_\_\_

Telephone Number (include area code): \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to person needing an accommodation: \_\_\_\_\_

5. Case information (if applicable)

Style of case (case title), if known: \_\_\_\_\_

Case number, if known: \_\_\_\_\_

Judge, if known: \_\_\_\_\_

Date accommodation needed: \_\_\_\_\_

Time accommodation needed: \_\_\_\_\_

Location (courthouse/courtroom) accommodation needed: \_\_\_\_\_

Duration for which the accommodation is requested: \_\_\_\_\_

Type of case, if known (please check one of the following options):

criminal       traffic       civil       Other (please specify)

\_\_\_\_\_

Type of proceeding, if known (please check one of the following six options):

arraignment     hearing     trial       other (please specify)

\_\_\_\_\_

6. Accommodations requested

Nature of disability that necessitates accommodation: \_\_\_\_\_

\_\_\_\_\_

Accommodation requested (please check one of the following six options):

Assistive listening accommodations (*Assistive listening accommodations work by increasing the loudness of sounds/minimizing background noise, reducing the effect of distance, and overriding poor acoustics.*)

Sign Language Interpreter (*Please specify American Sign Language, oral interpreter, signed English, or other type of signing system used by persons with hearing loss.*): \_\_\_\_\_

\_\_\_\_\_

Accommodations for a person using a mobility device (*Please specify wheelchair, scooter, walker, or other mobility device that is used.*): \_\_\_\_\_

\_\_\_\_\_

Provision of court documents in an alternative format (*Please specify Braille, large print, accessible electronic document, or other accessible format used by persons who are blind or have low vision.*): \_\_\_\_\_

Other accommodation (please specify):

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