

REQUEST FOR RECONSIDERATION FORM

Date _____

Name of individual requesting reconsideration _____

Address _____

City _____ State _____

Zip Code _____

Email _____ Phone Number _____

Complete the following section only if the request for reconsideration is being submitted by a person other than the individual who was denied an accommodation:

Request for Reconsideration submitted on behalf of above-named individual by

Name _____

Title (if applicable) _____

Firm (if applicable) _____

Address _____

City _____ State _____

Zip Code _____ Email _____

Phone Number _____

1. Name/Location of the Court or Court Facility in which the accommodation was sought:

2. Case name and number, if applicable:

3. Accommodation requested:

4. Basis for requesting reconsideration (If necessary, use additional paper to complete your statement. You may submit additional written material or documents relevant to your request.)

5. State the desired remedy or the solution requested

The request for reconsideration must be submitted no later than 10 days after the date of the written Denial of Accommodation. Send the completed Request for Reconsideration form, with a copy of the Denial of Accommodation form, by email or mail to:

NY State ADA Coordinator
NYS Unified Court System
25 Beaver Street, Suite 883
New York, New York 10004
(212) 428-2760

ada@nycourts.gov