

**NYS UNIFIED COURT SYSTEM
DENIAL OF ACCOMMODATION FORM**

Person for whom accommodation is sought: _____

Address: _____

Email: _____

Phone Number: _____

Date of initial request: _____

Person's Status:

☐ Juror ☐ Party ☐ Witness ☐ Attorney ☐ Other (specify: _____)

Court or court facility: _____

Judge (if applicable): _____

Case name and number (if applicable): _____

Type of disability: _____

Accommodations(s) requested: _____

Reason(s) for Denial: *(Check all that apply and provide specific explanation)*

- ☐ Person is not disabled. *Explain:*
- ☐ Person is disabled, but the court is not required to provide an accommodation. *Explain:*
- ☐ Requested accommodation(s) would create undue financial or administrative burden. *Explain:*
- ☐ Requested accommodation(s) would fundamentally alter the nature of service, program, or activity. *Explain:*
- ☐ An alternative accommodation that would allow full participation in the proceeding is available. *Explain:*

Person Denying Request:

This request was denied by the undersigned in consultation with the office of the Statewide ADA Coordinator. *(District Executive and Chief Clerks only)*

Signature

(Date)

Name [print]

Title [print]**Administrative Review of this Denial**

This decision to deny your requested accommodation can be reviewed administratively. If you wish to appeal this decision, you must submit either a **Request for Reconsideration** form (obtainable from the Chief Clerk or District Executive) or a written statement seeking reconsideration. If the Request for Reconsideration form is not used, the written statement must contain the following minimum information:

- your name, address, e-mail address and telephone number
- the name/location of the court or court facility in which the accommodation was sought.
- the case name and number, if applicable
- the accommodation requested
- the basis for requesting reconsideration.
- the desired remedy or the solution requested.
- a copy of this Denial of Accommodation form.

You must submit the Request for Reconsideration form or written statement, along with a copy of this Denial of Accommodation form and any additional relevant written documentation you wish to include, by mail or e-mail no later than ten (10) days after the date of the written denial to:

**New York State Office of Court Administration
The ADA Office
Statewide ADA Coordinator
25 Beaver Street, Suite 883
New York, NY 10004**

Administrative review is not available if your accommodation request was denied by a judge or judicial officer.

[Copy to person requesting accommodation; copy to Statewide ADA Coordinator. This form is confidential.]