

**Request Form for Sign Language Interpreters,  
Assistive Listening Equipment or Other ADA Accommodation Need**

1. Person who needs the accommodation. *Note if two or more persons need help for same court proceeding,*  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: (Home) \_\_\_\_\_ TTY\* or Voice (Work) \_\_\_\_\_ TTY or Voice  
If a minor, also list name, address & telephone number of parent or guardian: \_\_\_\_\_  
If person has an attorney, also list name, address, telephone & fax number: \_\_\_\_\_  
\_\_\_\_\_
2. Caller's Name (If different than person needing accommodation): \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: (Home) \_\_\_\_\_ TTY\* or Voice (Work) \_\_\_\_\_ TTY or Voice
3. Requested Accommodation. (Please note if **multiple** users and their respective interpreter modalities or equipment needs.)
  - Sign Language Interpreter:  ASL\*  Signed English  Oral  CDI\*  Other  
Describe need: \_\_\_\_\_
  - Assistive Listening Equipment: Describe need: \_\_\_\_\_  
Does requesting party wear a hearing aid?  Yes  No  
Does the hearing aid have a "T" switch?  Yes  No  
If yes, do you wish to use the "T" switch with assistive listening equipment?  Yes  No
  - Other equipment or services: \_\_\_\_\_  
Describe need: \_\_\_\_\_
  - If requesting party is bringing **own** assistive listening equipment, describe equipment and need: \_\_\_\_\_  
\_\_\_\_\_
4. Date(s) accommodation is needed: \_\_\_\_\_  
Time period accommodation is needed: \_\_\_\_\_  
Court, location & courtroom/judge/magistrate, if known: \_\_\_\_\_  
Case name, number & type of proceeding, if known: \_\_\_\_\_  
Role of person needing accommodation: \_\_\_\_\_  
(e.g., juror, attorney, witness, plaintiff, defendant, litigant)
5. Action Taken
  - Referral to \_\_\_\_\_ [Note specific contact person, CDHH Referral Service or Commission on the Deaf and Hard of Hearing (CDHH)]  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ on \_\_\_\_\_ (Date/time)
  - Other: \_\_\_\_\_
  - Message taken by \_\_\_\_\_ on \_\_\_\_\_ (Date/time)

**For court personnel:**

- If request is to bring own assistive listening equipment, notify court clerk or that court's ADA contact person.
  - If request is to have court provide assistive listening equipment or CART or other accommodation, contact that court's ADA contact person.
  - If request is for Sign Language Interpreter, contact CDHH interpreter referral service at (401)222-5300(V) or (401)222-5301 (TTY) or via email at [interpreter@cdhh.ri.gov](mailto:interpreter@cdhh.ri.gov); then fax request form to (401)222-5736.
- Please send a copy of completed forms by mail or fax to the person(s) listed in Item 5, to the relevant court administrator or that court's specific ADA contact person, and to Gail Higgins Fogarty, Supreme Court, 5 Hill Street, Pawtucket, RI 02860.

Court personnel must confirm accommodation (or inability to accommodate) with the court user needing accommodation and/or that user's representative (e.g., attorney, guardian, etc.) and with the judicial officer or courtroom clerk, at least two days in advance of court proceeding.

**If any questions, please contact:**

State Court's ADA Deputy Coordinator, Gail Higgins Fogarty at (401)722-4059(V)  
TTY users via RI RELAY at 7-1-1 or by fax at (401)721-2653