

Rhode Island Administrative Office of State Courts
Request Form for Sign Language Interpreters, Assistive Listening Equipment
or Other ADA Accommodation

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|---|---|---|---|------------------------------------|------------------------------------|---------------------------------|------------------------------|-----------------------------|
| Person(s) needing the accommodation | | | | | | | | |
| Address | | | | | | | | |
| Telephone | | TTY*/Voice | | E-mail | | | | |
| If minor, list name, address, telephone and email of parent or guardian | | | | | | | | |
| If person has an attorney, list name address, telephone, fax and email | | | | | | | | |
| Requestor's Name (if different from person needing accommodation) | | | | | | | | |
| Address | | | | | | | | |
| Telephone | | TTY*/Voice | | E-mail | | | | |
| Requested Accommodation | Sign Language Interpreter | <input type="checkbox"/> ASL* | <input type="checkbox"/> Signed English | <input type="checkbox"/> Oral | <input type="checkbox"/> CDI* | <input type="checkbox"/> Other: | | |
| | Assistive Listening Equipment | Describe Need: | | | | | | |
| | | Does requesting party wear a hearing aid? | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | Does the hearing aid have a "T" switch? | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | If yes, do you wish to use the "T" switch with assistive listening equipment? | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | If party is bringing own assistive listening equipment, please describe equipment and need: | | | | | | | |
| Other Equipment or Services | Describe Need | | | | | | | |
| | Describe Accommodation | | | | | | | |
| Date(s) accommodation is needed | | | | | Time period | | | |
| Court, location, courtroom, and judicial officer (if known) | | | | | | | | |
| Case Name | | | | | Case # | | | |
| Type of Proceeding | | | | | | | | |
| Role of person(s) needing accommodation | <input type="checkbox"/> Juror | <input type="checkbox"/> Attorney | <input type="checkbox"/> Witness | <input type="checkbox"/> Plaintiff | <input type="checkbox"/> Defendant | <input type="checkbox"/> Other: | | |
| <p>Requestors may be asked to provide medical documentation in support of his/her request for an accommodation.</p> <p>Please send copies of this completed form to the relevant court administrator or that court's ADA contact person <u>AND</u> to the ADA Office at ada@courts.ri.gov or (401)222-3266 [TTY* users via RI RELAY at 7-1-1]</p> | | | | | | | | |
| *TTY = Text Telephone | | *ASL = American Sign Language | | *CDI = Certified Deaf Interpreter | | | | |

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

COURT PERSONNEL TO COMPLETE BELOW

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 (2) days in advance of court proceeding, if feasible.

| | | | |
|--|---|------------|---------------|
| Name of Court Employee Handling Request: | | | |
| Action Taken: | Referral to: | | |
| | (Note ADA office, specific contact person, or CDHH) | | |
| | Tel: | Fax: | On Date/Time: |
| | Other: | | |
| | Message Taken By: | | On Date/Time: |
| <ul style="list-style-type: none"> If request is for <u>Sign Language Interpreter</u>, contact the ADA Office at ada@courts.ri.gov or (401)222-3266, or Fax (401) 222-4224 <u>and</u> CDHH interpreter referral service at CDHH.Interpreter@cdh.ri.gov, (401)222-5300, or Fax (401)222-5736. If request is to bring <u>own</u> assistive listening equipment, ADA Office at ada@courts.ri.gov or (401)222-3266 <u>and</u> notify court clerk or that court's ADA contact person. If request is to have <u>court</u> provide assistive listening equipment, CART, or other accommodation, contact ADA Office at ada@courts.ri.gov or (401)222-3266 <u>and</u> that court's ADA contact person. | | | |
| Court Contact Person: | | | |
| Court: | | Telephone: | Email: |
| Judicial Officer: | | | |
| Accommodation(s) Supplied: | | | |
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| Accommodations Denied: | | | |
| Other: | | | |
| Confirmation sent via <input type="checkbox"/> MAIL <input type="checkbox"/> FAX <input type="checkbox"/> EMAIL <input type="checkbox"/> TELEPHONE <input type="checkbox"/> OTHER | | | Date: |