

Form 5.0A

6. Special requests or anticipated problems (specify):
7. I request that my identity ___ be kept CONFIDENTIAL ___ NOT be kept CONFIDENTIAL

I declare under penalty of perjury under the laws of the State of Louisiana that the foregoing is true and correct.

Date:

(Type or Print Name)

(Signature of Applicant)

_____ The Request for Accommodation is granted and arranged as requested.

_____ The Request for Accommodation is denied because:

_____ The Applicant does not have a covered disability.

_____ It creates an undue burden on the court.

_____ It fundamentally alters the nature of the service, program, or activity.

_____ The court offers an alternative form of accommodation (see attached).
