REQUEST FOR ACCOMMODATIONS

31ST Circuit, Greene County Juvenile Court 1111 N. Robberson, Springfield, Mo 65802

Today's Date		Instructions for completing form: provide your name, address phone number and email address. Check the boxes that apply to you and provide any necessary details. When you have completed this request, please submit it to the court at the above address.	
Generally, thir	ty (30) days adva	nce notice is requested for accommodation requests.	
However, a response to	any need for acc	ommodation will be considered to the fullest extent possible.	
CASE NUMBER(S)		DJO	
1. Individual's Information	o n		
Name	511		
Address			
C'4	64-4-	72	
City	State	Zip	
Phone No.		Email Address:	
☐ Witness ☐ Court Observe ☐ Attorney/Legal	r Staff	y in a juvenile court case	
2. Court Activity you need accommodations for:			
☐ Court hearing scheduled for (date & time):			
Investigation conference scheduled for (date & time): Other (specify):			
3. What is the nature of y	our disability or r	need for accommodation?	
Speech impair	ier (specify native	Deaf Hard of hearing e language)	

4. What type of accommodations are you requesting? Interpreter for deaf (specify ASL, tactile, oral, etc.): Interpreter for native language (specify language): Assistive listening device Other (specify):			
Print Name	Signature		
FOI	R COURT USE ONLY		
Date Request for Accommodation received:	;		
Accommodation able to be provided: Interpreter for deaf: Native language interpreter: Assistive listening device: Other:			
Clerk notified of interpreter accommodation need for JIS interpreter code entry. (MITR- Motion/Request for interpreter & OINT- Order for interpreter)			
Accommodation efforts made			
Accommodation unable to be provided because			
Date	Signature		