

# JUSTICE COURT, LAS VEGAS TOWNSHIP

Clark County, Nevada

## ADA/Section 504 REQUEST FOR ACCOMMODATION BY A PERSON WITH A DISABILITY FORM

Instructions: If you require an ADA/Section 504 accommodation for a program or service, please submit this request at least 5 business days prior to the date of service needed. If you need assistance in filling out this form, another person may fill out the form on your behalf, or you may contact a Las Vegas Justice Court representative who will assist you in completing the form. You may call the Las Vegas Justice Court Administration office at (702) 671-3100. You may also contact the Clark County Office of Diversity to assist you in completing this form or if you need additional information, the Office of Diversity may be contacted at (702) 455-5760, TTD at (702) 455-1416. When the form is completed, please forward this form to the Las Vegas Justice Court. You will be notified by a court representative within 24 business hours upon receipt of the request submission.

APPLICANT'S NAME:

APPLICANT'S ADDRESS:

APPLICANT'S PHONE NUMBER:

EMAIL ADDRESS:

APPLICANT IS:

WITNESS

ATTORNEY

PLAINTIFF

DEFENDANT

OTHER:

Case Number:

1. Type of proceeding: CIVIL CRIMINAL TRAFFIC OTHER:

2. Proceeding(s) to be covered (for example, small claim mediation, preliminary hearing, trial, etc.):

3. Date(s), time(s) and location(s) needed (specify):

4. Type(s) of accommodation(s) requested (specify):

Please attach any appropriate documentation which would be helpful in facilitating this request.

Applicant's Signature:

Date:

By signing this document, I declare under penalty of perjury and under the law of the State of Nevada that the foregoing is true and correct.

If the accommodation request has been completed by an individual on behalf of the applicant, please print your name and sign below:

Print Name:

Signature:

Date:

**PLEASE SUBMIT THIS REQUEST TO:**

Las Vegas Justice Court Administration  
200 Lewis Avenue, 2<sup>nd</sup> Floor  
Las Vegas, Nevada 89155  
Phone: (702) 671-3100  
Fax: (702)-671-2512  
Email: LVJCADA@CLARKCOUNTYNV.GOV

(OFFICIAL USE ONLY)  
**RESPONSE FOR**

The accommodation request is **GRANTED** and the court will provide the:

- Requested accommodation, in whole.
- Requested accommodation, in part or an alternative accommodation (specify below):

For the following duration:

For the above matter or appearance      Indefinite period      Dates: from      to

The accommodation is **DENIED** in whole or in part because:

- It would create an undue burden on the court.
- It would fundamentally alter the nature of the service, program, or activity.
- The accommodation request has been forwarded to the Clark County Office of Diversity for processing. The Court is unable to process the requested accommodation(s)

Name of person who delivered or sent the response to the applicant:

Date of response:

(Type or Print the Name of the Court Representative)

(Signature of Court Representative)

(Date)