



**DISTRICT OF COLUMBIA COURTS**  
**Request For Reasonable Accommodation**



Please identify yourself, including your contact information, position, and office.

What specific accommodation are you requesting?

If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore?

Yes	No
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If yes, please explain.

Is your accommodation request time sensitive?

Yes	No
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If yes, please explain.

What, if any, job function are you having difficulty performing?

What, if any, employment benefit are you having difficulty accessing?

What limitation is interfering with your ability to perform your job or access an employment benefit?

Have you had any accommodations in the past for this same limitation?

Yes	No
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If yes, what were they and how effective were they?

If you are requesting a specific accommodation, how will that accommodation assist you?

Please provide any additional information that might be useful in processing your accommodation request:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return this form to: "Confidential" H. Clifton Grandy, Chief ADA Coordinator, District of Columbia Courts, 500 Indiana Avenue, NW, Room 1500, Washington, DC 20001. [grandyc@dcsc.gov](mailto:grandyc@dcsc.gov).

