

New Jersey Judiciary

Accommodation Appeal Form for Court Users Americans with Disabilities Act

| Contact Information | | | | | | | |
|---------------------|-------|------------|--|-------------|-------------|--|--|
| Date | | | | | | | |
| Last Name | | First Name | | Middle Name | | | |
| Address | | | | | | | |
| City | State | | | Zip | | | |
| Cell Phone | Email | | | | | | |
| | | | | | | | |
| Alternate Contact | | | | | | | |
| Last Name | | First Name | | | Middle Name | | |
| Address | | | | | | | |
| City | | State | | Zip | | | |
| Cell Phone | Em | nail | | | | | |

Revised: 10/2024, CN:11507 page 1 of 2

| Appeal Informa | ation | | | |
|--|---|-----------------------|--|--|
| Where were you | ı seeking an accommo | dati | on? | |
| ☐ Supreme Co | urt | | Appellate Division | ☐ Tax Court |
| ☐ Superior Cou | urt | | Other: | |
| Court/Division/U | nit: | | | |
| | | | | |
| Description of | Appeal: | | | |
| effective ADA ac program, service name(s) or title(s | ecommodation to acce e, or activity. Please p s) of any judiciary emp | ss a rovi oloye | nd/or participate in any co de date(s), time(s) and pla es involved. Please also | elieve you have been denied an burt proceeding, judiciary ace(s) of event(s) and include provide names, addresses, and es if necessary and sign and date |
| return this comp the local Title II | leted form to the local ADA coordinators can | Title be f | II ADA coordinator. Nam | I ADA coordinator. Please ne and contact information for II ADA procedures for access ov. |
| them to access a | and participate in cour | t pro ental | ceedings, programs, serv y alter the nature of a judi | ers with a disability, enabling ices and activities, provided that iciary program, service, or |
| Jersey Division aware that ther | on Civil Rights) and | l fed iling | | nilable under state law (New nt of Justice). You should be encies. Check with the |
| s | .\ | | | |
| Date S | Signature | | | |

Revised: 10/2024, CN:11507 page 2 of 2