

REQUEST FOR MODIFICATION
Applicant requests accommodation under Tennessee Judicial Branch Policy 2.07

Applicant Information

Applicant is: Witness Juror Attorney Party Other (Specify Nature of Interest): _____

Name: _____ **Court:** _____

Telephone: _____

Address: _____ **Judge:** _____

_____ **Case No.:** _____

1. Type of proceeding. Criminal Civil
2. Proceedings to be covered (e.g., bail hearing, preliminary hearing, particular witnesses at trial, sentencing hearing, motion hearing, trial): _____

3. Dates modification needed (specify): _____

4. Disability necessitating modification (specify): _____

5. Type of modification requested (specify): _____

6. Special requests or anticipated problems (specify): _____

I hereby certify that the above information is true and correct to the best of my knowledge.

Date: _____

(Signature of Applicant)

G The request for modification is **GRANTED**.

G **OFFER OF REASONABLE ALTERNATE MODIFICATION** _____

G The request for modification is **DENIED** because:

- the applicant is not a qualified individual with a disability
- the requested modification would fundamentally alter the nature of the judicial program, service or activity
- the requested modification would create an undue financial or administrative burden
- the applicant refused to comply with the Policy
- the applicant's failure to comply with the Policy makes impossible or impracticable the ability to provide the requested Modification

(Specify) _____

DATE: _____

Local Judicial Program ADA Coordinator

APPEALS

G Presiding Judge Review requested. (Specify reason and the remedy you want): _____

DATE: _____

(Signature of Person Requesting Review)

PRESIDING JUDGE REVIEW

I have reviewed the original request for modification, the offer of alternate modification OR the denial of modification and the reason for the denial, and the reason that this review has been requested and find as follows:

DATE: _____

PRESIDING JUDGE

G Administrative Office of the Courts Review requested. (Specify reason and the remedy you want): _____

DATE: _____

(Signature of Person Requesting Review)

ADMINISTRATIVE OFFICE OF THE COURTS REVIEW

I have reviewed the original request for modification, the offer of alternate modification OR the denial of modification and the reason for the denial, and the reason that this review has been requested and find as follows:

DATE: _____

AOC DIRECTOR