

REQUEST FOR RECONSIDERATION FORM

Date _____

Name of individual requesting reconsideration _____

Address _____

City _____ State _____

Zip Code _____

Email _____ Phone Number _____

Complete the following section only if the request for reconsideration is being submitted by a person other than the individual who was denied an accommodation:

Request for Reconsideration submitted on behalf of above-named individual by

Name _____

Title (if applicable) _____

Firm (if applicable) _____

Address _____

City _____ State _____

Zip Code _____ Email _____

Phone Number _____

1. Name/Location of the Court or Court Facility in which the accommodation was sought:

2. Case name and number, if applicable:

3. Accommodation requested:

4. Basis for requesting reconsideration (If necessary, use additional paper to complete your statement. You may submit additional written material or documents relevant to your request.)
