California JusticeCorps

DISABILITY ACCOMMODATION REQUEST FORM

Member Name:_____

Position Title:_____Court Location: _____

Telephone Number: _____

This form is used to request a reasonable accommodation under the Fair Employment and Housing Act (FEHA) and the Americans with Disabilities Act (ADA).[1] *Your request will be given thorough consideration. Upon receipt of your request, an interactive process meeting will be conducted to explore your request for reasonable accommodation(s). During the interactive process meeting, alternatives may be discussed and additional information may be needed for clarification in order to assist us in determining the need for a reasonable accommodation.*

Please answer the following questions regarding your reasonable accommodation request:

What is the specific limitation that is impacting your ability to perform your essential service function?
What is the specific service function(s) you are having difficulty performing?
What specific accommodation(s) are you requesting?

[1] An individual with a disability is defined by the FEHA as an individual with a physical disability, mental disability, or medical condition that limits one or more major life activities, an individual with a record or history of having such an impairment, or an individual who is regarded as having such an impairment. The FEHA does not specifically name all the disabilities and conditions that are covered.

How will the accommodation(s) you are requesting assist you in performing your essential service functions?
Please provide any additional information that may be useful in processing your reasonable accommodation(s) request.

Member Signature

Date