

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF INDIANA

Request for Accommodation for Person
with Communication Disability

In re: _____ Case No: _____

In accordance with the policy of the Judicial Conference of the United States, and the policy and guidelines of this Court, the undersigned requests a Court provided language interpreter and/or other appropriate auxiliary aids and services as follows: (Check one)

Sign language interpreter

Other communication aid, auxiliary aid or service (specify):

Who is the Judge hearing your matter? _____

What is the Hearing Date/Time/Location? _____

What is your role in the hearing? (Check one)

Debtor

Defendant

Plaintiff

Witness

Other (specify):

I certify under penalty of perjury that I am deaf, hearing impaired, or have other communication disabilities that render me eligible for receipt of these services.

Applicant's Name (printed): _____ Date: _____

Phone: _____

Email: _____

This *Request for Accommodation* must be submitted to the Court **at least fourteen (14) days** before the date of the hearing. Submission can be made by hitting the "Submit Now" button below. Questions can be emailed to the Court's Access Coordinator.