

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF NEW YORK

ACCOMMODATIONS REQUEST FORM



Today's Date: 10/06/2026

Name: _____

Phone number where you or a person communicating on your behalf may be reached by the Court: _____

Email address where you or a person communicating on your behalf may be reached by the Court: _____

Your reason for coming to court:

- ☐ I am an attorney representing a party in a case.
- ☐ I am a party in a case.
- ☐ I am a family member of a party in a case.
- ☐ I am a juror.
- ☐ Other:

Case Number if applicable: _____

Judge's Name if applicable: _____

Date(s) accommodation is needed: _____

What type of request are you submitting today?

- ☐ Assisted Listening
- ☐ American Sign Language (ASL) Interpretation
- ☐ Service dog or other animal accompaniment
- ☐ Wheelchair access in courtroom
- ☐ Use of mobile phone as a medical device, such as glucose monitor, in courthouse
- ☐ Other:

Please provide details about the reason for your request:

Please submit this form to accommodations@nynd.uscourts.gov or mail to:
Accommodations Coordinator, United States District Court
Northern District of New York, 100 S. Clinton St, Syracuse, NY 13261