

**Castle Rock Municipal Court  
ADA REQUEST FORM**

Request for Accommodation by Person with a Disability

If you require an accommodation under the Americans with Disabilities Act (ADA) for a Municipal Court program or service, it is recommended that you make your request at least two weeks in advance in order to allow the Court time to review your request and make arrangements for the accommodation. All requests for accommodation, regardless of timeliness, will be given due consideration and if necessary, may require an interactive process between the requester and the Court to determine the best course of action. If your request is non-ADA related, please visit our website at <https://www.crgov.com/1671/Municipal-Court> for further information. If you need assistance in filling out this form, please contact the Court at [Court@CRgov.com](mailto:Court@CRgov.com) or by phone at 303-663-6133, during our customer service telephone hours, Monday through Thursday 8:00AM to 11:00AM or 1:00PM to 4:00PM or Friday 9:30AM to 11:00AM or 1:00PM to 4:00PM.

When you are done completing this form, please email it to the Court at [Court@CRgov.com](mailto:Court@CRgov.com). You will be notified by the court once a decision is made, usually within 48 hours, in regard to your request.

**NOTE:** If you DO NOT HAVE AN EMAIL ADDRESS you can download a manual copy of the ADA request form.

**This form is confidential and not a public record.**

\*Required Fields

\*Requestor is:

Party     Observer     Witness     Attorney     Juror     Other: \_\_\_\_\_

\*Name (required) \_\_\_\_\_

\*Email Address (required) \_\_\_\_\_

\*Phone Number (required) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_

Service/Program Type \_\_\_\_\_

Case Name & Number \_\_\_\_\_

Dates and times when accommodations are needed.

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Please describe the physical or mental limitation necessitating accommodation.

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Please explain the type of accommodation(s) requested and any special requests or anticipated problems. Primary consideration will be given to the requested accommodation; however, the Castle Rock Municipal Court reserves the right to offer an alternative accommodation if one is more readily available and equally effective in accommodating your needs.

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**By signing this form, I attest that the above information is true to the best of my knowledge and I authorize this ADA request to be submitted.**

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

*NOTE: Additional information may be needed to process your ADA request.*

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[ ] Request approved \_\_\_\_\_

[ ] Request denied \_\_\_\_\_

\_\_\_\_\_  
Clerk or Municipal Judge / Date

Decision Communicated to Defendant \_\_\_\_\_ in person  
\_\_\_\_\_ by phone

Clerk initials \_\_\_\_\_ Date \_\_\_\_\_