



## ADA AUTHORIZATION FOR EXPENSES

**YOU MUST FILE JUDICIAL COUNSEL OF CALIFORNIA FORM (MC-410) WITH COURT.  
 ALL ORAL REQUESTS FOR ACCOMMODATIONS MUST BE MADE IN JUDGE'S CHAMBER.  
 DO NOT ASK FAMILY OR FRIENDS TO PROVIDE SERVICES.  
 DOCUMENTATION OF DISABILITY PROHIBITED.**

**Original      Supplemental**      Requested By: \_\_\_\_\_      Date: \_\_\_\_\_

Client:	Case #:	Charges:
Judge:	Department:	Next Court Date:

### INFORMATION OF INDIVIDUAL WITH DISABILITY

Type:                      Client                      Witness                      Other:

Name:

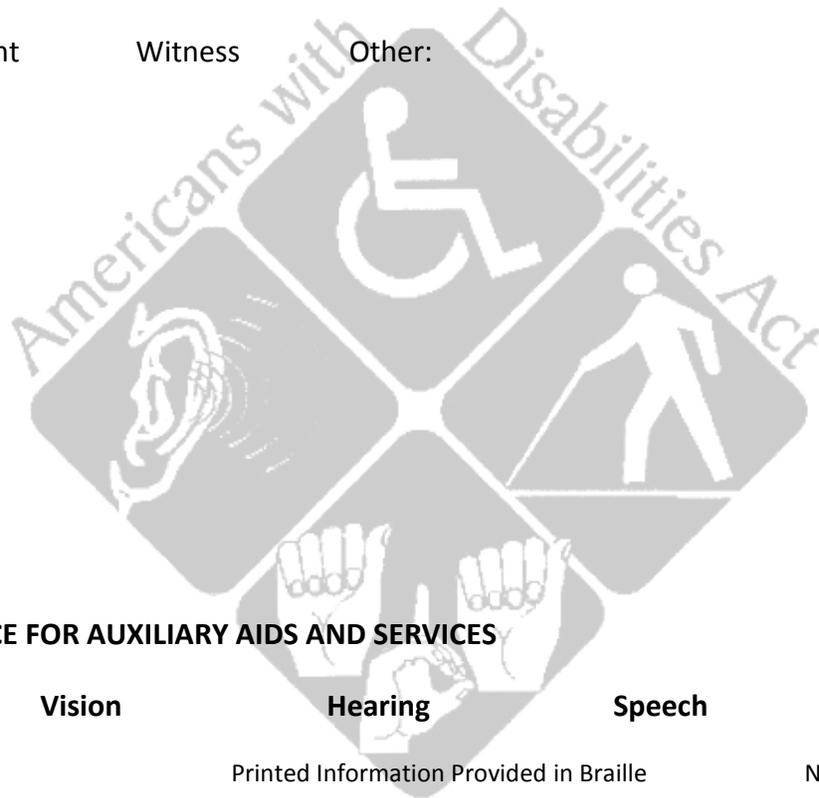
Address:

Telephone:

Fax:

Cell:

Email:



### REQUESTOR'S PREFERENCE FOR AUXILIARY AIDS AND SERVICES

Impairments:	Vision	Hearing	Speech	Physical
Qualified Readers		Printed Information Provided in Braille		Note-takers
Audio Recordings		Large Print or Electronic Format		Written Notes
Qualified Interpreters		Assistive Listening Systems		Amplified Telephones
Video Text Displays		Teletypewriters (TTY)		Open/Closed Captioning
Oral Descriptions of Actions and Visual Information			Screen Reader Software or Magnification Software	
Assistance in Guiding a Person to an Unfamiliar Location			Computer Terminals Equipped for Video Communication	
Computer-assisted, Real-time Transcription Services			Assistance in Filling Out Forms	
Other:				



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### GENERAL NOTES

### CHIEF DEPUTY PUBLIC DEFENDER REVIEW & APPROVAL

Approved

Approved with Modifications

Creates undue financial and administrative burdens on the department.

Fundamentally alters the nature of the service, programs, or activity provided.

Comments (specify modifications):

Date: \_\_\_\_\_

Chief Deputy Signature: \_\_\_\_\_

### DEPARTMENT ADA COORDINATOR or DESIGNEE REVIEW & APPROVAL

Approved

Approved with Modifications

Creates undue financial and administrative burdens on the department.

Fundamentally alters the nature of the service, programs, or activity provided.

Comments (specify modifications):

Date: \_\_\_\_\_

Department Head Signature: \_\_\_\_\_