

1 Code: 1670

2 Name: _____

3 Address: _____

4 Telephone: _____

5 Email: _____

6 Self-Represented Litigant

7
8 IN THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
9 IN AND FOR THE COUNTY OF WASHOE

10 _____,
11 Plaintiff / Petitioner / Joint Petitioner,

12 vs.

Case No. _____

13 _____,
14 Defendant / Respondent / Joint Petitioner.

Dept. No. _____

15 _____/

16 EX PARTE MOTION TO REQUEST AN ACCOMMODATION UNDER THE
17 AMERICANS WITH DISABILITIES ACT

18 If more room is needed for ANY section, attach additional sheets.

19 **If you would like your request to be confidential, please select “sealed” when electronically**
20 **filing or notify staff at the time of filing. The title of the filing will not be sealed.**

21 1. I am requesting an accommodation under the American with Disabilities Act.

22 2. How are you related to the case?

23 Party

24 Witness

25 Attorney/Legal staff

26 Other (*explain*): _____

27 3. When and where is the accommodation needed?

28 On (*date*) _____ at (*time*) _____ a.m./p.m.

1 Court location where you need the accommodation: _____

2 _____

3 4. What type of accommodation is needed? (*give specific details*) _____

4 _____

5 _____

6 _____

7 5. How will this accommodation help you when you come to court? _____

8 _____

9 _____

10 _____

11
12 6. If you received help filling out this form and the person helping you is willing to provide more
13 information, if needed, enter their contact information below:

14 Name: _____

15 Phone number: _____

16 Email: _____

17
18 This document does not contain the personal information of any person as defined by NRS
19 603A.040.

20 Dated this (*day*) _____ day of (*month*) _____, 20____.

21
22 Submitted by: (*Your signature*) _____

23 (*Print your name*) _____