



# Wyoming Judicial Branch

## ADA Modification Request Form

Please fill out this form to request a modification under the Americans with Disabilities Act (ADA). Submit your completed form with as much advance notice as possible, but in any event the request should be made no less than five (5) business days before the date for which the modification is sought. You may submit a paper copy or email this form. All requests for modifications will be given due consideration and if necessary, may require an interactive process between the requester and the Statewide ADA Coordinator to determine the best course of action.

Enter the first Date the modification is needed: \_\_\_\_\_

Enter the final date the modification is needed: \_\_\_\_\_

Court location where the modification is needed (required): \_\_\_\_\_

Case name or court case number (if known): \_\_\_\_\_

**The information below is required unless otherwise stated.**

Name of person requesting accommodation, (first, middle and last names): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Phone number: \_\_\_\_\_ Cell number (if any): \_\_\_\_\_

Email address: \_\_\_\_\_

The person requesting accommodation(s) is a: ☐ Plaintiff ☐ Defendant ☐ Juror ☐ Witness

☐ Other: \_\_\_\_\_ in this case.

What specific accommodation(s) are you requesting?

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Please provide any additional information that might be useful in reviewing your accommodation request.

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This form is being completed by: ☐ the person requesting the accommodation(s).  
☐ someone other than the person requesting accommodation(s).

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Please provide your relationship to the person requesting the accommodation: \_\_\_\_\_

Note: If you DO NOT have an EMAIL ADDRESS you can print a copy of this ADA request form.  
Please copy and send the completed request form to the Statewide ADA Coordinator.

**Wyoming Judicial Branch Statewide ADA Coordinator**

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c/o ADA Coordinator  
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