



Reasonable Accommodation Request

CONFIDENTIAL

If you have a hearing disability and need an accommodation during a judicial proceeding, you can use this form to make your request.

Please submit your request at least **14 days** before you need the accommodation.

Received:

1. Name of person requesting accommodation:

Name: _____

Address: _____

Phone: _____

E-mail: _____

Court information:

U.S. Bankruptcy Court
District of Hawaii
1132 Bishop St. Ste. 250
Honolulu, HI 96813
(808) 522-8100

Case no:

2. How is this person involved in the case?

☐ Party ☐ Witness ☐ Attorney ☐ Other: _____

3. Hearing/Trial Date (if any): _____ Time: _____

4. Type of accommodation(s) requested. Be specific.

5. Why do you need this accommodation to assist you in court?

☐ More information on this request is attached.

Date: _____

Type or print name

Signature

Please direct all requests for services or for additional information to:
Brennan Lee (808-522-8096) or Joni Nakano (808-522-8113) - access@hib.uscourts.gov