



# 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.

## 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: \_\_\_\_\_

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Type or print name

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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](mailto:access@hib.uscourts.gov)