



Missouri Court of Appeals Eastern District

v. _____

No. _____

1. Date request submitted _____

2. Name of Person needing accommodations _____

Are you (please check one)

☐ Appellant

☐ Respondent

☐ Audience member

☐ Attorney

☐ Other (please specify) _____

3. Contact information for person needing accommodation

Street or P.O. Box _____

City _____ State _____ Zip _____

Telephone Number (include area code) _____

Email Address _____

4. Name of Person making request (if other than the person needing the accommodation) _____

Street or P.O. Box _____

City _____ State _____ Zip _____

Telephone Number (include area code) _____

Email Address _____

Relationship to person needing accommodation _____

5. Date accommodation needed _____

Time accommodation needed _____

Location accommodation needed at _____

Duration for which the accommodation is requested _____

6. Nature of disability that necessitates accommodation

7. Accommodation requested

NOTE: If you are involved in more than one court case, you must submit a separate Accommodation Request Form for each case.