



**Disability Accommodation Request Form
District Court of Singaraja class 1B**

THESE ACCOMMODATIONS ARE
FREE OF CHARGE

If you have a disability and need an accommodation while you are at court, you can use this form to make your request.



Please make this request at least 3 days (when the court is open) before you need the accommodation.

Clerk receive & date stamp here

Case Number:

Case Type:

1. Personal Information

Name:

Address:

Phone number & E-mail:

2. **Status :** Petitioner Plaintiff Victim Defendant Lawyer
 Witness Expert Witness Other _____

3. When and where do you need the accommodation? Date(s) and time(s)

4. What accommodation do you need at court?

- Disability equipment(s) Medical room Drug/medicine Aide/caregiver
 Translator Pick-up service to the court Other(s): _____

Please specify

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

Date : _____

Full name

Signature

If a court employee, caregiver or other person helped fill out this form and is willing to provide more information needed, provide information bellow:

Name: _____ Phone: _____ Status: _____

Case number:

Name: _____

----- **Court officer fill out bellow** -----

Your request is GRANTED.
The court will provide the accommodation(s) requested.

Your request is DENIED IN WHOLE or IN PART. This caused by:

- The request does not meet the requirement of Surat Keputusan Dirjen BADILUM No 1692/DJU/SK/PS/.00/12/2020.
- Accommodation unavailable.
- Other(s) _____

Instead, district court of Singaraja will provide the following accommodation(s):

The court will provide the accommodation:

- For the date and time as per requested
- On date _____ to _____

Date: _____

Officer in Charge,

(General Affair & Finance's Head of DC Singaraja)

Signature

Acknowledged by,

(Secretary of District Court of Singaraja)

Signature

Cc: to Chief Justice of District Court of Singaraja as a report

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