



Administration  
ADA Coordinator  
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State of New Mexico  
Bernalillo County  
Metropolitan Court

401 Lomas NW  
P.O. Box 133 (87103)  
Albuquerque, NM 87102

## ADA Accommodation Request Form

The Bernalillo County Metropolitan Court is committed to its policy of providing equal access to the Court consistent with the Americans with Disabilities Act of 1990 ("ADA"), as amended, and all other applicable state and federal laws. If you have a disability that may restrict your ability to meaningfully participate in Court proceedings, programs, activities, or services, we will provide you with reasonable and appropriate accommodations at no cost to you.

Please provide us with the following information:

Today's Date: \_\_\_\_\_

Your First Name: \_\_\_\_\_

Your Middle Initial: \_\_\_\_\_

Your Last Name: \_\_\_\_\_

Your Home Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_  Home Phone  Cell Phone

Your Email Address: \_\_\_\_\_

Your Court Case Number: \_\_\_\_\_ (*Metropolitan Court case numbers start with a T-4-*)

Date and Time when you require an accommodation: \_\_\_\_\_ (For  
example, when is your court date?) date time

What specific accommodation are you requesting: \_\_\_\_\_

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Please provide any additional information that might be useful in the ADA Coordinator's review of your accommodation request: \_\_\_\_\_

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