New Mexico Judicial Branch Administrative Office of the Courts ADA Request for a Reasonable Accommodation

Employee Name: (Please Print)	Date:
Judicial Entity:	Job Classification:
A. Questions to clarify accommodation requested.	
What specific accommodation(s) are you requesting?	
If you are not sure what accommodation(s) is needed, do you have Yes □ No □ any suggestions about what options we can explore?	
If yes, please explain, or attach information.	
Is your accommodation(s) request time sensitive?	Yes □ No □
If yes, please explain.	
B. Questions to document the reason for accommodation request.	
What, if any, job function are you having difficulty performing?	
What, if any, employment benefit are you having difficulty accessing?	
What physical or mental limitation(s) or impairment(s) is interfering with your ability to perform your job or access an employment benefit?	
Have you had any accommodation(s) in the past f limitation?	or this same Yes □ No □
If yes, what were they and how did the accommodation(s) help you perform your job?	
If you are requesting a specific accommodation(s), how will that accommodation assist you?	
C. Other.	
Please provide any additional information that might be useful in processing your accommodation request:	
Signature	Date
Return this form to	

