



UNITED STATES BANKRUPTCY COURT
 CENTRAL DISTRICT OF CALIFORNIA
 OFFICE OF THE CLERK

KATHLEEN J. CAMPBELL
 Executive Officer
 Clerk of Court

**APPLICATION TO PROVIDE SERVICES TO THE HEARING-IMPAIRED
 OR OTHER PERSONS WITH COMMUNICATION DISABILITIES**

This application must be submitted to the Access Coordinator at least three weeks prior to the date of the court hearing. Mail this application to the address below, E-mail ADA_Coordinator@cacb.uscourts.gov, or for questions, call (213) 894-8894.

U.S. Bankruptcy Court
 ATTN: Access Coordinator
 255 E Temple Street #1050
 Los Angeles, CA 90012

Bankruptcy or Adversary Case No. _____

Application is made for a Court-provided sign language interpreter as follows:

Hearing date (MM/DD/YYYY) and time (HH:MM): _____

Hearing Location: Los Angeles Division San Fernando Valley Division
 Riverside Division Northern Division Santa Ana Division

Estimated hearing length (e.g. weeks/days/hours): _____

Description of other auxiliary aid (if preferred): _____

Applicant's role: Debtor Attorney Plaintiff Defendant
 Witness Other – specify: _____

Applicant's name: _____

Applicant's preferred contact information: Phone: _____

email: _____

I certify under penalty of perjury that I am deaf, hearing-impaired or have other communication disabilities that render me eligible for receipt of these services.

Date: _____

 Applicant's Signature

OFFICE USE ONLY		
DATE RECEIVED:	OPERATIONS MANAGER: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	SIGNATURE:

Revised 04/23/21