



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 the Court's Sr. Legal Analyst at (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

Table with 3 columns: DATE RECEIVED, OPERATIONS MANAGER (Approved/Denied), SIGNATURE. Header: OFFICE USE ONLY

Revised 05/22/24