



**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](mailto:ADA_Coordinator@cacb.uscourts), 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

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

Revised 05/22/24