

**Office of Administrative Hearings
Americans with Disabilities Act (ADA)
Request for ADA Accommodations and Response**

1. Date of Request: _____
2. Name of person needing ADA accommodation (Applicant): _____
- Contact Name: _____ Relation to Applicant: _____
- Mailing Address: _____
- Phone No.: _____ Email Address: _____
- TTY: _____ Fax No.: _____
- Please list preferred contact method: _____

OTHER INFORMATION

1. Case No. and type of case (*if known*): _____
2. Time and date of hearing or prehearing conference (*if known*): _____
3. What is your role in the hearing (*party, witness, representative, lawyer*): _____
4. Describe the nature of the hearing: _____
5. It would help us to assist you if we know more information. Completing this section is optional and you are not required to fill it out. If you choose to fill it out, please select what best describes the disability or condition for which you need an assistive device, service, or accommodation (*check all that apply*):
- | | |
|--|--|
| <input type="checkbox"/> Blind/Visual Impairment | <input type="checkbox"/> Medical Restrictions/Requirements |
| <input type="checkbox"/> Deaf/Hearing Impairment | <input type="checkbox"/> Cognitive Impairment or Injury |
| <input type="checkbox"/> Speech/Vocal Impairment | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Mobility Impairment | |
6. What type of accommodation do you need and prefer?
- _____
- _____
- _____

Submitting This Form:

You have many options to submit this form, including US Mail, personal delivery, email or fax. Please select the option that is most convenient for you:

Mailing Address	Office of Administrative Hearings PO Box 14020 Salem, Oregon 97309-4020
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Fax Number	503-947-1920
Email	rema.a.bergin@oregon.gov
Submit in Person	<p>Salem Office: 4600 25th Ave. NE, Suite 140 Salem, OR 97301</p> <p>Tualatin Office: 7995 SW Mohawk St., Entrance B Tualatin, OR 97062</p> <p>Eugene Office: 2510 Oakmont Way Eugene, OR 97401</p>

Once we receive your request, we will review it and contact you if we need more information. Some accommodations may take some additional time to arrange, so please provide us with as much advance notice as possible. We may also contact you to discuss possible alternative accommodations that will allow you to fully participate in the hearing process.

We will treat your request seriously and make every effort to provide an accommodation where it is needed and necessary. However, a request may be denied if:

- The applicant is not a qualified individual with a disability under the ADA.
- The requested ADA accommodations would create an undue financial or administrative burden on the OAH (as defined by the ADA).
- The request fundamentally alters the nature of the services provided by the OAH (as defined by the ADA).
- If we do not have sufficient information needed to grant the request. If that is the case, our staff will contact you to discuss what more is needed.