



UNITED STATES BANKRUPTCY COURT

WESTERN DISTRICT OF TENNESSEE

OFFICE OF THE CLERK

JASON L. KADZBAN

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 [Reasonable Accommodations@tnwb.uscourts.gov](mailto:Reasonable_Accommodations@tnwb.uscourts.gov), or for questions, call the Court's Access Coordinator at (731) 421-9333.

U.S. Bankruptcy Court
ATTN: Access Coordinator
200 Jefferson Ave #500
Memphis, TN 38103

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: Western Division (Memphis) Eastern Division (Jackson)

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:	CHIEF DEPUTY CLERK: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	SIGNATURE:

Revised 07/26