



**UNITED STATES BANKRUPTCY COURT**

WESTERN DISTRICT OF TENNESSEE

OFFICE OF THE CLERK

TRAVIS D. GREEN  
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 02/13/26