

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF LOUISIANA**

In Re:

Case No.:

APPLICATION for Services to Persons with Communication Disabilities

In accordance with the local procedures of this Court, application is made for Court provided sign language interpreters or other appropriate auxiliary aids as follows:

Sign language interpreter

Other auxiliary aid, as specified: _____

for the following hearing before the Court:

Hearing Date / Time / Location: _____

Applicant Role: Debtor Defendant Plaintiff Witness

Other {specify: _____ }

I certify that I am deaf or hearing impaired and a qualified individual with a disability who meets the essential eligibility requirements for the receipt of services, or the participation in programs or activities provided by a public entity.

Date: _____

Applicant Signature