

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF CALIFORNIA

Application For Services To Persons With Communication Disabilities

In re:

Case No:

In accordance with *Judicial Policy*, and the policy and the guidelines of this Court, a request for a Court provided language interpreter(s) and/or other appropriate auxiliary aids and services is made as follows:

Sign language interpreter

Spoken language interpreter

Other communication aid, auxiliary aid or service (specify):

For a Hearing Before Judge:

Hearing Date/Time/Location:

Applicant's Role in the Hearing:

Debtor

Defendant

Plaintiff

Witness

Other (specify):

Contact Applicant By: Telephone: _____

E-Mail: _____

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: _____

This *Application for Services* must be submitted to the Access Coordinator listed below **at least two weeks** before the date of the hearing.

Mail To:

Ron Mastroianni
Staff Attorney
U.S. Bankruptcy Court
450 Golden Gate Avenue
Mail Box 36099
San Francisco CA 94102

Or Via E-Mail:

CommunicationServices@canb.uscourts.gov