

If you have a disability and need an accommodation while you are at court, you can use this form to make your request. For more information, see form [MC-410-INFO](#).

*Clerk receives and date stamps here.*



Make this request at least **5 days** (when the court is open) before you need the accommodation.

**Court Name and Address:**

Superior Court of California  
County of Los Angeles  
Stanley Mosk Courthouse  
111 North Hill Street  
Los Angeles, CA 90012

**Case Number (if you know it):**

20STCV37498

**Case Name/Type (if you know it):**

Jane Doe v. Alki David et al.

### 1 Your information

Name: Alkiviade David c/o James Bohm

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: jbohm@aol.com

### 2 How are you involved in the case?

Juror  Party  Witness  Lawyer

Other (explain): \_\_\_\_\_

### 3 When and where do you need the accommodation? [date(s), time(s), and court location]

See attached.

### 4 What accommodation do you need at the court?

See attached.

### 5 Why do you need this accommodation to assist you in court?

See attached.

More information on this request is attached.

Date: March 5, 2026

Alkiviades David  
Type or print name

[Signature]  
Signature

**(Optional)** If a court employee, caregiver or other person helped fill out this form and is **willing to provide more information if needed**, provide contact information below:

Name: Angelina Dettamanti Email: \_\_\_\_\_ Phone: \_\_\_\_\_



Case Number (if you know it):

Name: \_\_\_\_\_

----- Court fills out below -----



(Optional)

**Important!** If your case is delayed or dismissed after you make this request and you do not need the accommodation for the date you specified under 3, please contact the court at:

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Your request is **GRANTED**. The court will provide the accommodation(s) requested.

Your request is **DENIED IN WHOLE OR IN PART**. The denied portion of your request:

- Does not meet the requirements of [Cal. Rules of Court, rule 1.100](#).
- Creates an undue financial or administrative burden for the court.
- Changes the basic nature of the court's service, program, or activity.

Explain the reasons supporting the box(es) checked above:

\_\_\_\_\_

**Instead**, the court will provide the following accommodation(s):

\_\_\_\_\_

**The court will provide the accommodation(s):**

For the date(s) and time(s) requested       Indefinitely

On date(s): \_\_\_\_\_

More information on this decision is attached.

Date: \_\_\_\_\_

\_\_\_\_\_  
Type or print name

▶ \_\_\_\_\_  
Signature

The court responded in person, by phone, or mail/email on: \_\_\_\_\_

**Note:** You may be able to ask for a review of this decision. [Cal. Rules of Court, rule 1.100\(g\)](#) explains how to do this.