



Request for Accommodations

Foreign and sign language interpreters, and/or other appropriate accommodations for individuals with disabilities will be provided upon request. Please be advised that interpreters must be provided by the Office of Administrative Hearings. A family member or friend is not permitted to interpret for you.

Requests for accommodations should be submitted 10 days prior to the hearing date.

Hearing Location and Date: _____ Case Number: _____

Name: _____ Telephone #: _____

Foreign Language Interpreter

- | | |
|--|--|
| <input type="checkbox"/> Amharic | <input type="checkbox"/> Persian / Farsi |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Italian |
| <input type="checkbox"/> Chinese - Cantonese | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Chinese - Mandarin | <input type="checkbox"/> Romanian |
| <input type="checkbox"/> French | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> German | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Korean | |

Interpreter for the Deaf

- American Sign Language
- Signed English Transliteration
- Oral Interpreter

Assistive Listening Devices

- Microloop (for use with hearing aids and cochlear implants)
- Microloop w/ Induction Loop Receiver (amplifies sound without a hearing aid)
- Communications Access Realtime Translation (CART)

Other Accommodations: _____

Signature: _____ Date: _____

Return this form to: Office of Administrative Hearings, 11101 Gilroy Road, Hunt Valley, MD 21031 or fax it to (410) 229-4266.

If you have any questions, please call the number located at the bottom of your mediation or hearing notice. Maryland Relay: 711