UNITED STATES BANKRUPTCY COURT
Western District of New York

APPLICATION TO PROVIDE SERVICES TO THE HEARING-IMPAIRED OR OTHER PERSONS WITH COMMUNICATION DISABILITIES

In re: _____ Case No. _____

In accordance with guidelines of this Court, application is made for Court-provided sign language interpreter and/or other appropriate auxiliary aides as follows:

☐ Sign language interpreter

☐ Other communication/auxiliary aid, as specified:

_____
_____
_____
_____
_____

For the following hearing before Judge _____

Hearing Date/Time/Location _____

Applicant's Role: ☐ Debtor ☐ Defendant ☐ Plaintiff

☐ Witness ☐ Other - specify: _____

I certify under penalty of perjury that I am hearing impaired, deaf, or have other communication disabilities that render me eligible for receipt of these services.

Date: _____ _____
Applicant's Signature

This application must be filed with the Access Coordinator in the Clerk's Office at least three weeks before the date of the hearing.

Melissa L. Frieday
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