

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 aids and services as follows:

- ☐ Sign language interpreter
- ☐ Other communication/aid or service, as specified: _____

For the following court proceeding before Judge _____

Proceeding location, date, and time: _____

Applicant's role: ☐ Debtor ☐ Defendant ☐ Plaintiff
 ☐ Witness ☐ Other – specify: _____

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 must be submitted by mail at least 3 weeks prior to the date of the court proceeding to:

U.S. Bankruptcy Court, WDNY
ATTN: Melissa Frieday
300 Pearl Street, Suite 250
Buffalo, NY 14202

Phone: (716) 362-3200