

**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: Amy Lorenz  
Robert H. Jackson Federal Courthouse  
2 Niagara Square  
Phone: (716) 362-3200