

# Letter of Accommodation request

**FAX TO: Accessibility Services Coordinator**

Location where proceeding is being held		
Date (dd/mm/yyyy)	Fax number	Home phone
Case name		Court file number
Name (level) of court		
Proceeding and date		

Dear: \_\_\_\_\_

**I am requesting confidential accessibility services in accordance with:**

- |   |  |
|---|--|
| 1. <i>United Nation Convention on the Rights of Persons with Disabilities</i> , Article 13, Access to Justice | 5. <i>Canadian Charter of Rights and Freedoms</i> , in particular Section 15   |
| 2. <i>Canadian Human Rights Act</i> (RSC, 1985, c H-6)  | 6. <i>Freedom of Information and Protection of Privacy Act</i> , RSO 1990, c F.31, PART III – Protection of Individual Privacy |
| 3. <i>Pintea v Johns</i> , 2017 SCC 23  | 7. _____   |
| 4. CJC Statement of Principles for Self-Represented Litigants and Accused Persons                             |  |

**I am requesting confidential accessibility services in accordance with:**

What I'm requesting	Benefits of this accommodation
Non-aggressive approach to communication (trigger response sensitivity)	Provides a less threatening and more respectful environment for all parties
Limiting cross-talk, over-talk, or interruptions between the court and parties (as much as possible)	Helps me to focus and will save time overall, not requiring others to repeat
Clear questions with sufficient time to respond without pressure	Assists me to remain clear, avoiding errors due to misunderstandings or overwhelm
Receiving clearly stated procedural steps, broken down into tasks and deadlines	Assists me to more clearly understand complex procedures, lessening the chance of errors
Flexibility and extensions of time, as needed, regarding procedures	Gives me time to clarify procedures, get assistance and advice, potentially reducing errors and lengthy and costly proceedings to correct them
Breaks as necessary	Provides all parties with the same benefit, to collect thoughts and focus
Permission to use a laptop	Assists me to quickly reference and search documents, saving time
Permission to record proceedings on a personal recording device	Allows me to replay the recording to clarify and remind myself of statements and procedures, reducing errors
Permission to bring a McKenzie Friend or courtroom companion to sit beside me	Helps me take notes, pass paperwork, and provides emotional support.

(Continued on next page)

**Letter of Accommodation request** (continued)

I enclose letters from my doctors supporting the above request for accommodation:

#1 Doctor name

#2 Doctor name

**Number of pages included:** \_\_\_\_\_

Respectfully,

\_\_\_\_\_ - Self-represented

Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

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