

**BOARD OF BAR EXAMINERS
OF THE DELAWARE SUPREME COURT**

The Renaissance Centre
405 North King Street, Suite 420
Wilmington, DE 19801
(302) 651-3940 (ph)
(302) 651-3939 (fax)

ADMINISTRATIVE ACCOMMODATIONS REQUEST

IF YOU WISH ONLY TO:

- Request permission to bring with you into the examination room a medical assistive item or other device, such as diabetic supplies, a lumbar support pillow, a lactation pump, or prescription medication; and/or
- Request special seating because of a medical condition;

THEN YOU MUST COMPLETE AND FILE THIS FORM WITH THE BOARD OF BAR EXAMINERS. DO NOT FILE AN APPLICATION FOR TESTING ACCOMMODATIONS

This form must be filed with the Board **NO LATER THAN JUNE 1, provided however, that an applicant may file an administrative accommodation request after June 1 only if the administrative accommodation request is based on a condition or disability acquired after June 1, or within fifteen (15) days immediately preceding June 1, and such request is filed promptly.** If you do not complete this form by the applicable deadline, the Board may not process your request.

Full Name: _____

Date of Birth: _____

What administrative accommodation are you requesting? (Check all that apply)

MEDICAL ASSISTIVE ITEM/DEVICE

What assistive item(s) or device(s) do you wish to bring into the examination room?

Why do you need the assistive item(s) or device(s)?

SPECIAL SEATING REQUEST

What typing of special seating request are you requesting?

- Wheelchair-Accessible Examination Room
- Examination Room Located Near Restroom
- Seat Near Entrance to Examination Room
- Seat at Rear of Examination Room
- Other: _____

Why do you need this special seating?

Attach all documents substantiating your need for the medical assistive item/device or special seating, such as a letter from your treating physician, or a copy of your prescription records. Any prescription medication must be brought in its original container.

I declare under penalty of perjury under the Laws of the State of Delaware that the above information is true and correct. I understand that any false statements made herein could result in denial of my admission to practice law in Delaware based on moral character grounds.

Date

Signature