



State Office of  
Administrative Hearings

**Americans with Disabilities Act (ADA) – Title II  
Request for Accommodation Form**

***CONFIDENTIAL***

**SECTION I: Instructions**

This form was developed for use by individuals with disabilities who may require an accommodation in accordance with Title II of the Americans with Disabilities Act (ADA) to participate in an administrative hearing, mediation, or other service, program, or activity of the State Office of Administrative Hearings (SOAH). Upon request for an accommodation, you are entitled to request the provision of certain assistance at no cost to you. If you have a disability and need an accommodation to participate in a service, program, or activity of SOAH, complete and submit this form.

Requests should be directed to SOAH's ADA Coordinator for Title II for response. If you have questions, need assistance, or would like to make your request orally, please contact SOAH's ADA Coordinator:

**Email:** [ADA@soah.texas.gov](mailto:ADA@soah.texas.gov)  
**Telephone:** (512) 475-4993  
**Mail:** ADA Coordinator – Title II  
State Office of Administrative Hearings  
P.O. Box 13025  
Austin, Texas 78711-3025

**Note:** Requests should be made as far in advance as possible in order to better enable SOAH to address the needs of the individual. All requests will be processed in accordance with [SOAH's Accessibility Policy](#). If you are a party to an administrative proceeding before SOAH, you are required to comply with applicable agency rules of procedure regarding requests for sign-language interpreters or language translators in SOAH proceedings. See 1 Tex. Admin. Code §§ [155.407](#) and [159.211\(e\)](#).

**SECTION II: For Completion by the Requesting Individual  
(Or Representative on Behalf of the Requesting Individual)**

**1.) Full Name:** \_\_\_\_\_

**2.) Contact Email/Phone:** \_\_\_\_\_

**3.) I am a:** ☐ Party ☐ Witness ☐ Attorney/Party Representative

☐ Not Involved in an Administrative Proceeding at SOAH

**4.) SOAH Docket Number (if applicable):** \_\_\_\_\_

**5.) Nature of the Disability that Necessitates Accommodation:** \_\_\_\_\_

**6.) Accommodation(s) Requested:**

- ☐ American Sign Language (ASL) interpreter
- ☐ Closed captioning/video-text display
- ☐ Assistive listening device
- ☐ Large print materials
- ☐ Materials in electronic format
- ☐ Wheelchair space/accessibility
- ☐ Physical assistance for guidance
- ☐ Breaks for medical reasons
- ☐ Appearance by videoconference or telephone (See 1 Tex. Admin. Code §§ [155.405](#) and [159.209](#)).
- ☐ Other (please be as specific as possible):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** If the individual has a disability that is not obvious, or when it is not readily apparent how a requested accommodation relates to an individual's impairment, it may be necessary for the ADA Coordinator to request additional information and/or require the individual to provide documentation from a qualified health care provider in order for SOAH to fully and fairly evaluate the accommodations request. Such information requests will be limited to information or documentation that (a) establishes the existence of a disability; (b) identifies the individual's functional limitations; and/or (c) describes how the requested accommodation addresses those limitations.

**7.) Date(s), Location, and Duration of Requested Accommodation(s):**



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**8.) Additional Information, Special Requests, or Anticipated Problems (please be as specific as possible):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Print or Sign Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please click below to submit or email this completed form to**  
**[ADA@soah.texas.gov](mailto:ADA@soah.texas.gov)**.

**\*SECTION III: For Completion Only by SOAH's ADA Coordinator – Title II**

**Name of ADA Coordinator:** \_\_\_\_\_

☐ The request is **GRANTED**. SOAH will provide the accommodation(s) requested:

☐ In **WHOLE**

☐ In **PART** as follows (specify):

\_\_\_\_\_  
\_\_\_\_\_

☐ Alternative accommodation(s) were offered to the requesting individual and were:

☐ **Accepted**, as follows (specify): \_\_\_\_\_

☐ **Declined**, as follows (specify): \_\_\_\_\_

☐ The request is **DENIED** because:

☐ Based on the information provided, it appears the individual does not have a disability as defined by the ADA.

☐ The requested accommodation(s) do not directly correlate to functional limitations.

☐ The request does not relate to a service, program, or activity of SOAH (e.g., transportation to/from SOAH, legal representation, attendant care or medical services, personal devices such as wheelchairs, hearing aids, etc.)

☐ The request would result in an undue financial or administrative burden to SOAH.

☐ The request would result in a fundamental alteration in the nature of a service, program, or activity of SOAH.

**Additional Information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_