UNITED STATES BANKRUPTCY COURT EASTERN 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 a court-provided sign language interpreter and/or other appropriate auxiliary aids as follows:

□ Sign language interpreter

 \Box Other communication/auxiliary aid, as specified:

Judge _____ Hearing Date/Time/Location

Applicant's Role:

- □ Debtor
- □ Defendant
- □ Plaintiff
- □ Witness
- □ Other (specify) _____

I certify under penalty of perjury that I am hearing impaired, deaf, or have other communication disabilities that render me eligible for receipt of these services.

Date

Applicant's Signature

This application must be filed with the Access Coordinator in the Clerk's Office at least two (2) weeks before the date of the hearing.

Naeisha Rogers – Access Coordinator U.S. Bankruptcy Court, EDNY 271-C Cadman Plaza East – Room 1595 Brooklyn, NY 11201 (347) 394-1700

Rev. 01/16/2025