

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF NEW YORK**

**APPLICATION FOR SERVICES TO THE HEARING IMPAIRED OR  
OTHER PERSON WITH COMMUNICATION DISABILITIES**

Case Name: In re \_\_\_\_\_ Case No. \_\_\_\_\_

Adversary Proceeding: \_\_\_\_\_

Adversary Proceeding No.: \_\_\_\_\_

In accordance with Judicial Conference Policy, and the policy and guidelines of this Court, a request for a Court provided sign language interpreter and/or other appropriate auxiliary aid or service is made as follows:

☐ Sign language interpreter

☐ Other communication aid, auxiliary aid, or service (specify): \_\_\_\_\_

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

For a Hearing Before Judge: \_\_\_\_\_

Hearing Date/Time/Location: \_\_\_\_\_

Applicant's Role in the Hearing:

☐ Debtor ☐ Plaintiff ☐ Defendant ☐ Witness ☐ Other (specify) \_\_\_\_\_

I certify under penalty of perjury that I am deaf, hearing impaired, or have another communication disability that renders me eligible for receipt of these services.

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

Applicant's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

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

***This Application for Services must be submitted to the Access Coordinator listed below at least two (2) weeks prior to the date of the court proceeding.***

By Mail or Delivery Service:

OR By Email:

Frank Faragon, Chief Deputy  
U.S. Bankruptcy Court  
James T. Foley U.S. Courthouse  
445 Broadway, Suite 330  
Albany, NY 12207  
(518) 257-1661

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