

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

Francis_Faragon@nynb.uscourts.gov