



CNMI DEPARTMENT OF LABOR

ADMINISTRATIVE HEARING OFFICE

1357 Mednilla Ave., Capitol Hill, PO Box 10000, Saipan MP, 96950 (670) 664-3291/2 hearing@dol.gov.mp www.marianaslabor.net

HEARING ACCOMODATION REQUEST FORM

Instructions: If you have an impairment and would like to request an accommodation, please complete this form and submit to the Administrative Hearing Office. Requests should be submitted as soon as possible.

Case Name: _____ Case #: _____

1. Requestor Name: _____
2. The accommodation is for the: Party Attorney Witness DOL/Enforcement
3. Please specify the impairment necessitating accommodations:
 Hearing Impairment Visual Impairment Vocal Impairment
 Limited English Proficiency Mobility Impairment Medical Restriction
 Other: _____

4. Please describe the type(s) of accommodation needed. If you need additional space, you may attach a separate sheet.

5. Please indicate the date, time, location, and nature of the proceeding or occurrence in which the accommodation is needed.

I certify that the information provided with this Request is true and complete under penalty of perjury.

Requestor Signature

Date