

**BOARD OF BAR EXAMINERS  
OF THE DELAWARE SUPREME COURT**

The Renaissance Centre  
405 North King Street, Suite 420  
Wilmington, DE 19801  
(302) 651-3940 (ph)  
(302) 651-3939 (fax)

**ADMINISTRATIVE ACCOMMODATIONS REQUEST**

**IF YOU WISH ONLY TO:**

- Request permission to bring with you into the examination room a medical assistive item or other device, such as diabetic supplies, a lumbar support pillow, a lactation pump, or prescription medication; and/or
- Request special seating because of a medical condition;

**THEN YOU MUST COMPLETE AND FILE THIS FORM WITH THE BOARD OF BAR EXAMINERS. DO NOT FILE AN APPLICATION FOR TESTING ACCOMMODATIONS**

This form must be filed with the Board **NO LATER THAN JUNE 1, provided however, that an applicant may file an administrative accommodation request after June 1 only if the administrative accommodation request is based on a condition or disability acquired after June 1, or within fifteen (15) days immediately preceding June 1, and such request is filed promptly.** If you do not complete this form by the applicable deadline, the Board may not process your request.

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Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

What administrative accommodation are you requesting? (Check all that apply)

MEDICAL ASSISTIVE ITEM/DEVICE

What assistive item(s) or device(s) do you wish to bring into the examination room?

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Why do you need the assistive item(s) or device(s)?

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SPECIAL SEATING REQUEST

What typing of special seating request are you requesting?

- Wheelchair-Accessible Examination Room
- Examination Room Located Near Restroom
- Seat Near Entrance to Examination Room
- Seat at Rear of Examination Room
- Other: \_\_\_\_\_

Why do you need this special seating?

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**Attach all documents substantiating your need for the medical assistive item/device or special seating, such as a letter from your treating physician, or a copy of your prescription records. Any prescription medication must be brought in its original container.**

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I declare under penalty of perjury under the Laws of the State of Delaware that the above information is true and correct. I understand that any false statements made herein could result in denial of my admission to practice law in Delaware based on moral character grounds.

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Date

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Signature