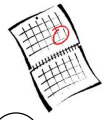
MC-420 Request for Accommodation to Pump or Express Breast Milk

CONFIDENTIAL

If you need break time while at court to pump or express breast milk, you may use this form to make your request.



Try to make this request before the date you need the accommodation, if you can.

Clerk receives and date stamps here.

Court Name and Address:

Case Number (if you know it):

Case Name or Type (if you know it):

1 Your information

Name: _____

Address: _____

_____

Phone: _____

Email: _____

Important! Provide complete and updated contact information. The court may contact you about this request. The contact will only be about this request, and you must not discuss the details of any court case.

2 How are you participating in the case?

☐ Juror ☐ Party ☐ Witness ☐ Lawyer

☐ Other *(explain):* _____

3 For which court event are you asking for break time?

a. ☐ Date or dates: _____

Department: _____ Courthouse: _____

b. ☐ Other *(explain):* _____

4 Explain your request

a. At what times or how often are you asking for the breaks to happen? *(specify):* _____

_____

b. How much break time are you asking for? *(give length in minutes of each break):* _____

c. Would you like to provide more information about your request? ☐ Yes (*explain below*) ☐ No

_____

_____

_____

_____

☐ More information on this request is attached. *(you may use form MC-025)*

d. If the court has an available lactation room, would you like to use it? ☐ Yes ☐ No

Date: _____

_____ ▶ _____

Type or print your name *Signature*

Confidential—do not place in court file.

Name: _____ **Case Number (if you know it):**

Court fills out below

(Optional)

Important! If your situation changes after you make this request and you do not need the break for the date or dates you listed in (3), please contact the court at:

Phone: _____ Email: _____

☐ Your request is **GRANTED**. The court will provide the accommodation requested.

☐ Your request is **GRANTED IN PART**. The reasons for denying part of your request are listed below.

The court will provide the accommodation as follows:

_____

_____

_____

_____

☐ Your request is **DENIED** for the reasons listed below.

The court's reasons for denying all or part of your request are:

_____

_____

_____

_____

The court will provide the accommodation:

☐ For the dates and times requested. ☐ For every court hearing in this case.

☐ On the following date or dates: _____

☐ More information on this decision is attached.

Date: _____

_____
Type or print name

▶ _____
Signature

The court responded in person, by phone, or by mail/email on: _____

Please note: Form MC-420 is a confidential form that is not part of the case file. The form must be given to the ADA coordinator or designated person in your court. If you are submitting papers to the court electronically, you must not include form MC-420 with your filing.

You may be able to ask for a review of this decision. California Rules of Court, rule 2.40(f) explains how to do this.

Confidential—do not place in court file.

For your protection and privacy, please press the Clear button after you have printed the form.

Print Save Clear