STATE OF NEW JERSEY

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Month: February July



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PO Box 973 TRENTON, NEW JERSEY 08625-0973 Tel: (609) 815-2911 Fax: (609) 815-2913

New Jersey Bar Examination

Accommodations Request form for Non-ADA Related Issues

This application must be completed in addition to your online bar examination application.

Year:

Please read the instructions carefully. The cADA Coordinator at	complete	ed NTA application must be mailed to the		
Board of Bar Examiners	or	Board of Bar Examiners		
25 W. Market Street		PO Box 973		
8 th Floor North Wing Trenton, NJ 08611		Trenton, NJ 08625		
(for UPS, Fed Ex, etc.)		(for U.S. Postal Service)		
The application and supporting documents must be delivered/postmarked by November 30 th for the February exam and April 30 th for the July exam.				
If you have not submitted a complete application by the deadline, you may not be considered for accommodations.				
Name of Applicant:				
Mailing Address:				
City: State:		Zip:		
Home Phone: () Cell	Phone:	()		
Date of Birth: Social Securit	y No: X	XX-XX		
E-Mail Address:				

ACCOMMODATIONS REQUESTED

State the testing accommodations you are requesting and explain why you are requesting this accommodation. Be certain to state if you are requesting accommodations for both the MBE and essay portions of the examination and the accommodations requested for each portion. If you are requesting additional time, you must indicate how much time you are seeking.		
DESCRIPTION/NATURE OF MEDICAL SITUATION		
Describe your medical situation below. Include supporting documentation with your submission	1:	

Checklist			
☐ NTA Testing Accommodations Ap	oplication – Non-ADA Request Form		
☐ NTA Authorization and Release Form			
☐ Relevant medical documentation (note from doctor, hospital, etc.) ☐ Copies of admission tickets or letters granting accommodations in other states (if applicable)			
			Examiners' consideration of my application have read the foregoing Application and the the best of my knowledge and belief. I acknowledge or false, I may prejudice my examine
Date	Signature		

Retain a copy of this statement for your records