

BOARD OF BAR EXAMINERS  
244 WASHINGTON STREET, SW  
SUITE 440  
ATLANTA, GA 30334  
(404) 656-2003

# RENEWED PETITION FOR TESTING ACCOMMODATIONS

## FORM E

To be completed by Applicant

(Please type or legibly print.)

APPLICANT NAME:	
ADDRESS:	
DAY TIME PHONE:	
SOCIAL SECURITY NUMBER:	
DATE OF EXAM YOU ARE SEEKING ACCOMMODATIONS:	Month: _____ Year: _____

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- Provide the date(s) of the previous Georgia Bar exam(s) in which you received ADA Testing Accommodations and the accommodations granted. Describe the physical or mental impairment that is the basis for your request for testing accommodations.

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- On the next page, list the names, professional titles, addresses, and telephone numbers of medical and psychological authorities with whom you have sought assessment and/or treatment for your physical or mental impairment, and include the dates of assessment and/or treatment for each medical or psychological authority. \*\*

Name and Title	Address	Phone Number	Dates of Assessment/ Treatment

**Note:** If you file a Renewed Petition for Testing Accommodations, you will be granted the same accommodations that you were granted on the most recent exam in which you received ADA Accommodations. If you wish to apply for additional accommodations beyond what has been previously granted, you must submit a completed ADA Petition Packet (Forms A, B, C and D) by the published deadline: December 1 for the February exam and May 1 for the July exam.

\*\* Please note that based upon the date of the latest submitted evaluation or testing performed by your treatment care provider, you may be asked to submit more recent testing or evaluations for review by the consultant.

**TO BE COMPLETED BY APPLICANT**

I swear or affirm that all the information on this form is true and correct to the best of my knowledge, and I understand that it may be reviewed by a physician or other licensed professional.

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date