

**APPLICANT'S INFORMATION TO BE KEPT CONFIDENTIAL**

**MC-410**

<b>APPLICANT (name): FAITH BRASHEAR</b> APPLICANT is <input type="checkbox"/> Witness <input type="checkbox"/> Juror <input type="checkbox"/> Attorney <input checked="" type="checkbox"/> Party <input type="checkbox"/> Other (Specify) Person submitting request (name): <b>FAITH BRASHEAR</b> APPLICANT'S ADDRESS: <b>1095 LOWRY RANCH RD., CORONA, CA 92881</b> TELEPHONE NO.:	<b>FOR COURT USE ONLY</b>
<b>NAME OF COURT: SUPERIOR COURT OF CALIFORNIA, RIVERSIDE</b> STREET ADDRESS: <b>4040 MAIN STREET</b> MAILING ADDRESS: CITY AND ZIP CODE: <b>RIVERSIDE, CA 92501</b> BRANCH NAME: <b>RIVERSIDE COURTHOUSE</b>	
JUDGE: <b>IRMA POOL ASBERRY</b>	
CASE TITLE: <b>HSBC BANK v. FAITH BRASHEAR</b>	DEPARTMENT: <b>1</b>
<b>REQUEST FOR ACCOMMODATIONS BY PERSONS WITH DISABILITIES AND RESPONSE</b>	CASE NUMBER: <b>MVC1603595</b>

**Applicant requests accommodation under rule 1.100 of the California Rules of Court, as follows:**

1. Type of proceeding:  Criminal  Civil  Other:
  2. Proceedings to be covered (for example, bail hearing, preliminary hearing, trial, sentencing hearing, family, probate, juvenile):  
**TRIAL and Hearing on Motions for Summary Judgement**
  3. Date or dates needed (specify):  
**6/23/2017 - JURY TRIAL and 6/22/17 Hearing on Motions for Summary Judgement**
  4. Impairment necessitating accommodation (specify): New Attorney not fully retained Criminal Attorney sought.  
**Client will become "Triggered" w/o representation or an advocate.**
  5. Type or types of accommodation requested (specify): Advocate is scheduled on a different case, Client cannot be without.  
**Request for a continuance to allow new counsel or advocate to aid in litigation. Client feels threatened**
  6. Special requests or anticipated problems (specify): Attorney for Plaintiff directed heated accusations at Client in court.  
**Severe anxiety disorders, hyperventilation and heart issues; Court runs great risk to Client has been**
- I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. stripped of prior council. in conflict

Date: 6/19/2017  
 Prepared in part by Faith Brashear-underlines added  
CYNTHIA L. BROWN Faith Brashear Signed

(TYPE OR PRINT NAME)

(SIGNATURE)

**RESPONSE**

The accommodation request is **GRANTED** and the court will provide the  
 requested accommodation, in whole  
 requested accommodation, in part (specify below):

For the following duration:  
 For the above matter or appearance  
 From (dates):                      to  
 Indefinite period

The accommodation is **DENIED** in whole or in part because it  
 fails to satisfy the requirements of rule 1.100.  
 creates an undue burden on the court.  
 fundamentally alters the nature of the service, program, or activity.

For the following reason (attach additional pages, if necessary): [See Cal. Rules of Court, rule 1.100(g), for the review procedure]  
 The court will provide the alternative accommodation as follows:

Date response delivered in person or sent to applicant:

(TYPE OR PRINT NAME)

(SIGNATURE)

SIGNATURE FOLLOWS THE LAST PAGE OF THE RESPONSE.