Blacksberry Access Form

New York State Division of Criminal Justice Services, Attn: Language Access Coordinator, 8th Fl., 80 S. Swan St., Albany, NY 12210

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Blacksberry Access Form

1. Description: _____________________________________________
   Date: ________ Reviewer: ________________________________

2. Gender (DD/MM/YYYY): ____________________________
   E-mail: ____________________________

3. If you have a cognitive disability, please describe it here: ____________________________________________________________________________

4. If you have a physical disability, please describe it here: ____________________________________________________________________________

5. If you have a learning disability, please describe it here: ____________________________________________________________________________

6. You may request translation in any language. You may request any other assistance you may need. This form is available in the languages listed below:

   a. English
   b. Spanish
   c. Russian
   d. Chinese
   e. Arabic
   f. French
   g. Portuguese
   h. Italian
   i. German
   j. Korean
   k. Japanese
   l. Hindi
   m. Telugu
   n. Tamil
   o. Malayalam
   p. Marathi
   q. Bengali
   r. Gujarati
   s. Urdu
   t. Assamese
   u. Odia
   v. Punjabi
   w. Manipuri
   x. Kashmiri
   y. Konkani
   z. Nepali

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