

## TO THE OFFICER,

### **THIS MOTORIST (THE ‘OWNER’ OF THIS KIT) HAS A HEARING AND OR A SPEECH DISABILITY AND REQUIRES COMMUNICATION ASSISTANCE.**

The owner of this completed kit is entitled to an auxiliary aid of his or her choice as prescribed by Title II of the Americans with Disabilities Act of 1990. 28 C.F.R. §35.160(b)(2)

The owner’s preferred auxiliary aid is \_\_\_\_\_

The owner of this kit will contact the Orange County Deaf Advocacy Center if officer is unable to provide auxiliary aid for assistance in grievance procedures.

28 C.F.R. §35.107(b) & 28 C.F.R. §35.190 & 42 U.S.C. §12133

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ORANGE COUNTY DEAF ADVOCACY CENTER  
2960 Main Street, Suite A100 Irvine, California 92614  
(949) 955-0054 TDD/FAX - WWW.DEAFADVOCACY.COM

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PUT ALL COPIES INSIDE THE KIT AND PLACE WITHIN REACH EITHER IN GLOVE COMPARTMENT OR ANOTHER READILY ACCESSIBLE LOCATION.

\_\_\_\_\_ COPY OF LOCAL INTERPRETER INFORMATION

\_\_\_\_\_ COPY OF VEHICLE AND OR LIABILITY INSURANCE INFORMATION

\_\_\_\_\_ COPY OF DOCTOR’S OR AUDIOLOGIST NOTE VERIFYING COMMUNICATION NEED

\_\_\_\_\_ COPY OF VEHICLE REGISTRATION

\_\_\_\_\_ COPY OF DRIVER’S LICENSE OR IDENTIFICATION CARD

INSTANT RESOURCES ON ELIMINATING COMMUNICATION BARRIERS  
COMPLETE THIS KIT WITH THE FOLLOWING ITEMS

# DEAF MOTORIST KIT