



VIRGINIA'S JUDICIAL SYSTEM

Request for Accommodation under the Americans with Disabilities Act

Date: _____

PLEASE PRINT:

Person requesting accommodation: _____

Address: _____

Daytime phone number: _____ E-mail: _____

Type of accommodation requested: (please be specific) _____

Nature of disability: _____

Date accommodation is needed _____

Location where accommodation is needed (i.e. courtroom, office) _____

- Supreme Court, Court of Appeals, Circuit Court, General District Court, Juvenile & Domestic Relations District Court, Other

Is this accommodation related to a pending case?

Yes If yes, then please file the request with the clerk of the court where the case is pending, along with any additional materials that the court may require. If the proceeding is before a magistrate or special justice, then your request should be addressed to the attention of the magistrate or special justice.

Case: _____ Case type: _____

Case number: _____ Court date: _____

No If no, then please send the request to

ADA Coordinator
Department of Human Resources
Office of the Executive Secretary
Supreme Court of Virginia
100 N. 9th Street
Richmond, Virginia 23219
Fax: 804-786-0109
Email: ADACoordinator@vacourts.gov

Please sign to verify the foregoing is accurate: _____

Please print your name: _____

Office Use Only:

Accommodation: [] Granted [] Denied Notification date: _____

Comments: _____