

Virginia's Judicial System

Request for Accommodation under the Americans with Disabilities Act

PLEASE PRINT					
Person Requesting Accommodation				Date (mm/dd/yyyy)	
			C'L.	7th Code	
Address			City	Zip Code	
Email		Telephone		l	
Date accommodation is needed (mm/dd/yyyy)					
Please specify type of accommodation requested:					
Location where accommodation is needed (e.g. courtroom, office, etc.)					
Supreme Court					
Other					
Court Location					
9					
Is this accommodation related to a pending case?					
Yes	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 Name	Case Ty			
	Case Number	Court Da			
ONo	If no, then please send the request to: ADA Coordinator				
•	Renée F	leming Mills, Ph.D.			
	Office of the Executive Secretary				
Supreme Court of Virginia 100 N. 9th Street					
	Richmond, Virginia 23219				
	Fax: 804-786-0109				
Email: ADAOffice@vacourts.gov					
Please sign to verify the foregoing is accurate					
Signature		put car	Print Name		
Signature		Print N	ame		
Office Use Only					
Accommodation: Notification Date (mm/dd/yyyy)					
Granted Denied Notification Date (mini/dd/yyyy)					
Comment					