



VIRGINIA'S JUDICIAL SYSTEM

Americans with Disabilities Act Grievance Form

GRIEVANT INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME	
ADDRESS:		CITY	STATE	ZIP	
PHONE NUMBER HOME ()		WORK (OPTIONAL) ()		DATE	

ALTERNATE CONTACT

LAST NAME		FIRST NAME		MIDDLE NAME	
ADDRESS:		CITY	STATE	ZIP	
PHONE NUMBER HOME ()		WORK (OPTIONAL) ()			

COMPLAINT INFORMATION

ENTITY ALLEGED TO HAVE DISCRIMINATED/DENIED ACCESS	<input type="checkbox"/> Supreme Court	<input type="checkbox"/> Court of Appeals	<input type="checkbox"/> Circuit Court	<input type="checkbox"/> General District Court
	<input type="checkbox"/> Juvenile & Domestic Relations District Court	<input type="checkbox"/> Other _____		

LOCATION (CITY/COUNTY)	DATE OF INCIDENT
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COURT DIVISION/UNIT (i.e. Criminal, Traffic) – if applicable

DESCRIBE YOUR DISABILITY AND PROVIDE SUPPORTING DOCUMENTATION:

PLEASE DESCRIBE THE PARTICULAR WAY IN WHICH YOU BELIEVE YOU HAVE BEEN DENIED ACCESS TO ANY SERVICE, PROGRAM, OR ACTIVITY OF THE JUDICIAL SYSTEM, OR HAVE OTHERWISE BEEN DISCRIMINATED AGAINST BECAUSE OF, OR RELATED TO, A DISABILITY. PLEASE SPECIFY DATES, TIMES OF INCIDENTS, AND NAMES OR POSITIONS OF COURT EMPLOYEES INVOLVED. PLEASE PROVIDE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF ANY WITNESSES. PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY. YOU MAY ALSO EMAIL ADAOFFICE@VACOURTS.GOV OR FAX TO (804) 786-0109.

CASE INFORMATION

DO YOU HAVE A PENDING CASE? <input type="checkbox"/> YES <input type="checkbox"/> NO	[CHECK ONLY ONE]
If Yes: COURT _____	<input type="checkbox"/> Supreme Court <input type="checkbox"/> Court of Appeals <input type="checkbox"/> Circuit Court <input type="checkbox"/> General District Court
NAME OF JUDGE _____	<input type="checkbox"/> Juvenile & Domestic Relations District Court <input type="checkbox"/> Other _____
CASE NUMBER _____	

IF YOU NEED HELP IN COMPLETING THIS FORM, CONTACT THE CLERK OF COURT OR ADA COORDINATOR, OFFICE OF THE EXECUTIVE SECRETARY, SUPREME COURT OF VIRGINIA, 100 NORTH 9TH STREET, 3RD FLOOR, RICHMOND, VIRGINIA 23219. PLEASE RETURN THIS FORM TO THE ADA COORDINATOR, DR. RENÉE FLEMING MILLS, AT THE FOREGOING ADDRESS, AND IF IT INVOLVES A PENDING CASE, PLEASE ALSO PROVIDE A COPY TO THE CLERK OF COURT.

SIGNATURE	DATE
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