



VIRGINIA'S JUDICIAL SYSTEM – PUBLIC REQUESTS

REQUEST FOR ACCOMMODATION UNDER THE AMERICANS WITH DISABILITIES ACT

Person requesting accommodation _____

Address _____

Phone Numbers: Home _____ Other _____

Type of accommodation requested (please be specific) _____

Nature of disability: _____

Location where accommodation is needed (if applicable) _____

Is this accommodation related to a pending case?

Yes Case _____

Case Number _____

No If no, but is a general request for accommodation, then please call or send the request to

ADA Coordinator for the Public
Fairfax Circuit Court
4110 Chain Bridge Road
Fairfax, VA 22030
Attn: Julie Hamilton 4th floor
(703) 246-3302
julie.hamilton@fairfaxcounty.gov

Please sign to verify the foregoing is accurate: _____

Please print your name: _____