## JUDICIARY OF GUAM

## **ADA Accommodation Request Form**

Please notify the Judiciary at least 10 business days before you need your accommodation. Contact the Judiciary's Alternate ADA Coordinator by phone at (671)475-3191 or by e-mail at ada@guamcourts.gov



Last Name:	First Name:		Middle Initial:
Mailing Address:			
Phone:	E-Mail Address:		
Court Proceeding Information	n: (Indicate Superior/Supreme Court and	Case Number along with Date and Time of So	cheduled Proceeding)
Please check one: Superio	or Court 🔄 Supreme Court		
Case Number:	Date of Proceeding:	Time of Proceeding:	
What is the nature of your disa	hility?		
what is the nature of your disa	Sinty.		
What specific accommodation	are you requesting?		
Additional comments/informa	tion:		
	Judiciary's R	esponse:	
The accommodation request is <b>C</b>	<b>GRANTED</b> and the Judiciary will provide the:	The accommodation request is <b>DENIE</b>	<b>D</b> because it:
Requested accommo	dation, in whole	Fails to satisfy the eligibility re-	quirements
Requested accommod	dation, in part(specify below):	Creates an undue hardship on	
For the following duration		Fundamentally alters the natu program, or activity	re of the service,
For the above court p			
From (dates):	to		
Other:			
Comments:			
The Judiciary of Guam does no	t discriminate on the basis of race, color, natio	nal origin, genetic information, religion, sex, disal	bility, age, or any other
protected classification under f	ederal or local law in the delivery of services ( i	nclusive of educational programs and activities) to	o program participants

and beneficiaries, employees, applicants, and others.