



**VIRGINIA'S JUDICIAL SYSTEM – PUBLIC REQUESTS
FAIRFAX CIRCUIT COURT**

**REQUEST FOR ACCOMODATION
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 it is a general request for an 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: Suzanne Lubkeman 5th floor
(703) 246-2883
suzanne.lubkeman@fairfaxcounty.gov

Please sign to verify the foregoing is accurate: _____

Please print your name: _____