

Fairfax County General District Court

Americans with Disabilities Act (ADA) Public's Request for Reasonable Accommodation

► *This form is to be completed by the citizen or person requesting assistance or by a court employee on behalf of the citizen.*

► *Please complete and submit to court at least 10 days in advance; however, requests may be made at any time.*

► *Wheelchair requestors need to bring a photo ID as collateral.*

Today's Date: _____

Person completing this form: _____
(include Department if employee)

Name of person seeking accommodation: _____

Address: _____

Phone # or Email Address: _____

Date/time when accommodation is needed: _____
(Court date, appointment date; etc.)

Location where accommodation is needed: _____
(Office, courtroom; etc.)

Type of accommodation requested: _____
(Please be specific)
