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 ADA Coordinator by phone at (671)475-3396 or by e-mail at ada@guamcourts.gov



Last Name:		First Name:	Middle Initial:	
Last Hamer				
Mailing Address	•			
Manning Madress	•			
Phone:		E-Mail Address:		
Court Proceedir	ng Information: (Indicate S	Superior/Supreme Court and Case	e Number along with Date and Time of Scheduled Proceeding)	
Please check one:	Superior Court	Supreme Court	5.	
Case Number:		Date of Proceeding:	Time of Proceeding:	_
What is the natu	re of your disability?			
What specific ac	commodation are you requ	esting?		
Additional comr	ments/information:			
		Judiciary's Resp	oonse:	
The accommodat	tion request is GRANTED and	d the Judiciary will provide the:	The accommodation request is DENIED because it:	
□ Poquosi	ted accommodation, in who	olo.	Fails to satisfy the eligibility requirements	
	ted accommodation, in who			
			Fundamentally alters the nature of the service,	
	owing duration:			
	above court proceeding			
	ates): t			
☐ Other				
Comments:			-	
The Judiciary of	f Guam does not discriminate	on the basis of race, color, national o	origin, genetic information, religion, sex, disability, age, or any other	_

The Judiciary of Guam does not discriminate on the basis of race, color, national origin, genetic information, religion, sex, disability, age, or any other protected classification under federal or local law in the delivery of services (inclusive of educational programs and activities) to program participants and beneficiaries, employees, applicants, and others.