JUDICIARY OF GUAM



and beneficiaries, employees, applicants, and others.

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



Lead Name		First None o	Middle beisiel
Last Name:		First Name:	Middle Initial:
Mailing Address	:		
Di			
Phone:		E-Mail Address:	
	ng Information: (Indicate	Superior/Supreme Court and Case	e Number along with Date and Time of Scheduled Proceeding)
Please check one:	Superior Court	Supreme Court	
Case Number:		Date of Proceeding:	Time of Proceeding:
What is the natu	re of your disability?		
What is the hate	ire or your disability:		
What specific ac	commodation are you requ	uesting?	
^ -l -l'+' l			
Additional com	ments/information:		
		Judiciary's Res _l	ponse:
The accommodat	tion request is GRANTED an	d the Judiciary will provide the:	The accommodation request is DENIED because it:
□ Poques	ted accommodation, in wh	olo	☐ Fails to satisfy the eligibility requirements
	ted accommodation, in wit		Creates an undue hardship on the court
	tea accommodation, in par		Fundamentally alters the nature of the service,
For the follo	owing duration:		program, or activity
For the	above court proceeding		
	ates):		
Other:_			
Comments:			1
Comments:			
			origin, genetic information, religion, sex, disability, age, or any other
			origin, genetic information, religion, sex, disability, age, or any other sive of educational programs and activities) to program participants