| | | ARY O | FGU | ΑΜ | |
|---|---|--|--|--|---------------------------|
| A | DA Accomm Please notify the Judi your accommodati | n o d a t i o n iciary at least 10 b | Reques usiness days be udiciary's ADA C | t Form fore you need coordinator | E |
| Last Name: | | First Name: | | | Middle Initial: |
| | | | | | |
| Mailing Address: | | | | | |
| Phone: | E-Mail Ad | ldress: | | | |
| | | | | | |
| Court Proceeding Information | : (Indicate Superior/Supr | eme Court and Case N | Number along with | Date and Time of Sc | heduled Proceeding) |
| Please check one: Superio | or Court 🛛 🗌 Suprer | me Court | | | |
| Case Number: | Date of Procee | eding: | | Time of Proceeding: | |
| What is the nature of your disal | bility? | | | | |
| What specific accommodation | | | | | |
| Judiciary's Response: The accommodation request is GRANTED and the Judiciary will provide the: The accommodation request is DENIED because it: | | | | | |
| Requested accommod Requested accommod For the following duration For the above court pr From (dates): | lation, in whole lation, in part(specify belov :: | w): | Fails to sat | isfy the eligibility rec undue hardship on ntally alters the natur | quirements the court |
| Comments: | | | | | |
| The Judiciary of Guam does not | t discriminate on the basis of | race, color, national orig | gin, genetic informat | ion, religion, sex, disab | pility, 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.