

**VIRGINIA TOWNSHIP JUSTICE COURT
STOREY COUNTY, NEVADA**
ADA/SECTION 504 REQUEST FOR ACCOMMODATION BY A PERSON WITH A DISABILITY

Instructions: If you require an ADA/Section 504 accommodation for your court appearance, submit this request at least FIVE (5) business days prior to the date of your appearance. If you need assistance in filling out this form, another person may fill out the form on your behalf, or you may contact the Virginia Township Justice Court at 775-847-0962. (Court personnel will be happy to assist you. Court personnel are not allowed to give legal advice.)

APPLICANT'S NAME:

APPLICANT'S ADDRESS:

APPLICANT'S PHONE NUMBER:

EMAIL ADDRESS:

APPLICANT IS: DEFENDANT PLAINTIFF ATTORNEY WITNESS OTHER

CASE NUMBER:

1. Type of Proceeding: CIVIL CRIMINAL TRAFFIC OTHER

2. Proceeding(s) to be covered (for example, small claim, arraignment, trial, etc.)

3. Date(s), time(s), and location(s) needed (specify):

4. Type of accommodation(s) requested (specify):

Please attach any appropriate documentation which would be helpful in facilitating this request.

Applicant's Signature:

Date:

By signing this document, I declare under penalty of perjury and under the law of the State of Nevada that the foregoing is true and correct.

If the accommodation request has been completed by an individual on behalf of the Applicant, please print your name and sign below.

Print Name:

Signature:

Date:

Our mailing address is P.O. Box 674, Virginia City, Nevada 89440
Our office is located at 26 South B Street, Second Floor, Virginia City, Nevada 89440
Our phone number is 775-847-0962
Our fax number is 775-847-0915
Our email address is: jp@storeycounty.org