**REQUEST FOR REASONABLE ACCOMMODATION**

1. Case No: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name of Person Requesting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: Phone No.:  *(Mailing Address) (Area Code, Phone Number)*

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(City, State, Zip Code)*

1. I am participating in a court proceeding/activity as a (check all that apply):

Petitioner/Plaintiff Defendant/Respondent

Attorney Witness

Juror Judicial Officer

Other (s*pecify interest in or connection to proceeding, if any*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. List all known dates/times the accommodation(s) are needed (specify):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What accommodation(s) do you need and how will it let you participate in Court?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Please provide any information that would help the court respond to your request:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. How do you want to be informed of the status of your request for accommodation?

Phone Mail E-mail In person Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Signature of Person Requesting)*

Send to: King County Superior Court, Accommodation Office-BLIEY, 516 Third Avenue, Room C-203, Seattle, Washington, 98104; Email: SCAccessADA@kingcounty.gov; Fax: (206) 205-1360; Phone: (206) 477-0791.