



Case Information

Case Number(s): _____ Case Date(s): _____

Case Name: _____

Requestor Information

Name: _____ On behalf of: _____

Address _____

Phone: _____ E-mail: _____

Accommodation Request

List all known dates/times that accommodation(s) are needed:

What accommodation(s) do you need and how will it help provide for your needs?

Please provide any information that would help us respond to your request.

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

Phone Postal Mail E-mail In person

Other (please specify) _____

Return completed form(s) to the Department of Judicial Administration via contacts below.

Physical Mail: 516 Third Avenue Room E609 -or- E-mail: elizabeth.willoughby@kingcounty.gov
Seattle, WA 98104-2386 lmay@kingcounty.gov