

## **INSTRUCTIONS FOR COMPLETING REQUEST FOR REASONABLE ACCOMMODATION FORM**

To request a reasonable accommodation, you may complete the attached **Request for Reasonable Accommodation Form** and return it to the ADA Coordinator. Contact information is listed in Step 9.

This instruction sheet provides help on how to complete the form.

If you need help completing the form, contact the ADA Coordinator at the contact information listed in Step 9.

### **Steps for Completing the Form:**

- 1. Line No. 1:** Fill in the Case Number and Name if known.
- 2. Line No. 2:** Fill in your name, address (street, city, state, and zip code), phone number and email, if you have one.
- 3. Line No. 3:** Identify your specific interest or participation in the proceeding, court service, program or activity for which you need an accommodation.
  - a. If you are the person initiating or starting a case, then you are a “petitioner/plaintiff” and should check the “Petitioner/Plaintiff” box.
  - b. If you are the person against which the case or action is brought or the accused you are a “defendant/respondent” and should check the “Defendant/Respondent” box.
  - c. If you are not a participant in a case, check the “Other” box and state your specific interest or connection to the proceeding. (“Other” includes but is not limited to court observer, interested persons such as guardian ad litem, guardian, and interpreter).
- 4. Line No. 4:** If you know the date(s) of the proceeding(s), list them. If not known, once a hearing is scheduled, you should complete a new form or otherwise advise the court.
- 5. Line No. 5:** You must explain why the accommodation is needed. You should state the nature of your disability and how it prevents you from participating in the court proceeding(s) unless you are provided with an accommodation. If you are unsure, state the disability as best you can and describe how it affects you. For example, if you have a problem remembering information, or understanding the proceedings due to a learning disability, you need to explain this on the Line No. 5.

***As this information may become part of a public court record, you may disclose confidential information under form WPF All Cases 01.0300, Sealed Medical and Health Information (Cover Sheet) and refer the court to that information rather than stating it here.***

6. **Line No. 6:** What is it that you think you need to help you participate in the court proceedings? Examples of accommodations the court may be asked to provide include: Sign Language Interpreters, Assistive Listening Devices, Note takers, readers for persons with impaired eyesight, removal of barriers for persons with mobility impairments, guardians ad litem, or appointed counsel for persons with mental impairments or cognitive disabilities.  
***As this information may become part of a public court record, you may disclose confidential information under form WPF All Cases 01.0300, Sealed Medical and Health Information (Cover Sheet) and refer the court to that information rather than stating it here.***
7. **Line No. 7:** If there is other information that will help the court evaluate your request, include it on Line 7. If you have medical information that describes your disability and how it affects your ability to participate in the court process, you should provide it.  
**Medical information that is filed under form WPF All Cases 01.0300, Sealed Medical and Health Information (Cover Sheet) or otherwise sealed by the court will not be included in the public court record and will be kept under confidential court seal unless there is a motion (written request to the court) for access that is granted after a hearing at which you will have the opportunity to appear.**
8. **Line No. 8:** Please check the box which indicates the best way to contact you.
9. **Sign and print your name and fill in the date you sign the request. Give it to the court officer. This form can be mailed or emailed to:**

**ADA Office  
King County District Court  
c/o Office of the Presiding Judge  
516 Third Avenue, Room W-1034  
Seattle, WA 98104**

**[kcdcada@kingcounty.gov](mailto:kcdcada@kingcounty.gov)**

## Request for Reasonable Accommodation

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

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

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

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

\_\_\_\_\_ E-mail: \_\_\_\_\_  
(City, State, Zip Code)

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

- Petitioner/Plaintiff     Defendant/Respondent     Attorney  
 Witness     Juror     Judicial Officer  
 Other (specify interest in or connection to proceeding, if any) \_\_\_\_\_  
\_\_\_\_\_

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

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

5. Why is an accommodation needed?

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

6. What accommodation would you like? And why?

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

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

\_\_\_\_\_

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

Phone     Writing     E-mail     In person     Other (specify):

Date: \_\_\_\_\_



\_\_\_\_\_  
(Signature of Person Requesting)

\_\_\_\_\_  
(Print Name of Person Requesting)

### Review and Action by the Court

*(For Court Use Only-Copy of completed form should be maintained for future reference.)*

Request No.: \_\_\_\_\_  
(Court, Sequential Number)

Reasonable Accommodation Request Form received: \_\_\_\_\_  
(Date)

Additional information requested: \_\_\_\_\_  
(Date)

Additional information received: \_\_\_\_\_  
(Date)

Type of proceeding:     Criminal     Civil     Family     Probate     Juvenile

Proceedings include but are not limited to: bail hearing, preliminary hearing, trial, sentencing hearing.

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**Requested Accommodation Denied:** \_\_\_\_\_  
(Date)

Fails to satisfy the requirements of GR 33 (specify)

Creates an undue burden on the court

Fundamentally alters the nature of the service, program or activity

Permitting the applicant to participate in the proceeding with the requested accommodation creates a direct threat to the safety or well-being of the person requesting or others.

**Basis for Finding:** \_\_\_\_\_

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**Requested Accommodation Granted:** \_\_\_\_\_  
(Date)

In whole                       In part (*specify*)                       Alternative (*specify*)

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Dates accommodation will be provided:

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Person requesting notified on: \_\_\_\_\_  
(Date)

Notification achieved via:

Phone     Writing     E-mail     In person     Other (*specify*):

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Date: \_\_\_\_\_                      ➤ \_\_\_\_\_  
(Signature of Court Official)

\_\_\_\_\_  
(Type or Print Name of Court Official)