

(206) 296-9300 | (206) 296-0100 TTY/TDD

**REASONABLE ACCOMMODATION REQUEST FORM** 

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 y	you want to be informed of the sta	atus of vour red	quest for accomm	odation?
non do j		atus or your rot		Suution .

Seattle, WA 98104-2386

	Phone		Postal Mail	E-m	nail	In person		
	Other (p	lease :	specify)					
Return completed form(s) to the Department of Judicial Administration via contacts below.								
Phys	sical Mail:	516	Third Avenue	Room E60	9 -or-	E-mail:	elizabeth.willoughby@kingcounty.gov	