

(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 |  |