GR 33 Requests for Reasonable Accommodation for Persons with Disabilities

If you have a disability and believe you may need an accommodation to fully and equally participate in a particular court proceeding or activity, you may request an accommodation.

Accommodation requests are granted to any qualified person with a disability for whom an accommodation is reasonable and necessary under the Americans with Disabilities Act of 1990 (ADA), or under Washington State Court General Rule (GR) 33. A request will be granted unless it would:

- Be an undue financial or administrative burden
- Fundamentally alter the court proceeding, or
- Threaten someone's safety or well-being.

You may be required to provide additional information for the court to properly evaluate your reasonable accommodation request. If medical and other health information is requested, it will be sealed. The submitter may also ask the court to seal the documents. Generally, five-day advance notice is required to review reasonable accommodation requests. However, a response to an immediate need for accommodation will be provided to the fullest extent possible.

Instructions for completing Reasonable Accommodation Form

- **Line 1:** Fill in the Case Number and Name if applicable or known.
- **Line 2:** Fill in your name, address, phone number and e-mail.

Line 3: Identify your specific interest or participation in the proceeding.

- Check "Petitioner/Plaintiff" if you are the person initiating or starting a case.
- Check "Defendant/Respondent" if you are the person against whom the case or action is brought or the accused.
- Check "Other" if you are not a participant in a case. ("Other" includes but is not limited to court observer, interested persons such as guardian ad litem, or interpreter).

Line 4: Enter date(s) of the court proceeding(s). If not known, once a hearing is scheduled, contact the Access Coordinator and provide the date.

Line 5: State the nature of your functional limitation. Explain what you need to participate in the court proceeding(s), such as sign language interpreter, assistive listening device, note-taker, reader, removal of physical barriers, guardian ad litem, appointed counsel (for persons with mental or cognitive disabilities). If you are unsure about the accommodation you need, describe how your disability affects you. Example, "I may have a problem understanding the proceedings and remembering information, due to a stroke. I may need more explanation or extra time to answer questions".

- **Line 6:** Include other information that will help the court evaluate your request.
- **Line 7:** Please check the box which indicates the best way to contact you.

Sign and print your name and fill in the date you sign the request. Mail to the GR 33/Accommodation Office-Court Administration, King County Superior Court, 516 Third Avenue, Room C-203, Seattle, Washington, 98104; call 206.477.5694; or email KCSCGR33CAOKCCH@kingcounty.gov.

To request these materials in alternative formats or if you require assistance filling out this form, contact the Court Access Coordinator.