

Request for AccommodationRequest No.: _____
(Court, Sequential Number, Year)**1. Information about the court case or activity**

What is the Case Number? _____.

What is the Case Name? _____.

If there is no specific case, what is the court activity?

_____.

2. Information about the Person Requesting Accommodation.

What is your name? _____.

3. Describe the court proceeding or activity you need accommodation for. Include the date, time, and location:_____

_____.**4. How are you participating in a court proceeding/activity (check all that apply):**

<input type="checkbox"/> Party	<input type="checkbox"/> Attorney	<input type="checkbox"/> Witness
<input type="checkbox"/> Juror	<input type="checkbox"/> Observer	<input type="checkbox"/> Other _____

5. Describe the disability for which you are requesting an accommodation._____
_____.

6. Describe what accommodation you are requesting and explain why this specific accommodation is necessary.

7. Provide any information that you think would help the court respond to your request.

8. Contact information:

Email _____.

Mailing address _____.

Telephone where the court can leave a message _____.

Other (specify): _____.

What is the best way to notify you about the decision on your request?

email mail phone call other (see above).

Date: _____



(Signature of Person Requesting Accommodation)

(Print Name of Person Requesting Accommodation)

Return this form to the Court Contact:

Name: John Franklin

Title: Superior Court ADA Coordinator

Email: john.franklin@co.yakima.wa.us

Telephone: 509-574-2710

Address: 128 N. 2nd St. Room 314

Yakima, WA 98901

RECEIVED BY: _____

DATE RECEIVED: _____

DATE COMPLETED/

SENT TO HR: _____

INITIALS: _____