

**Request for Accommodation**

Request 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):

- Party                       Attorney                       Witness  
 Juror                               Observer                       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. 2<sup>nd</sup> St. Room 314  
Yakima, WA 98901

RECEIVED BY: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

DATE COMPLETED/

SENT TO HR: \_\_\_\_\_

INITIALS: \_\_\_\_\_