

Request for Accommodation

Request No.: _____
(Court, Sequential Number)

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:

UPPER KITTITAS COUNTY DISTRICT COURT
Diana MacKenzie, Court Administrator
diana.mackenzie@co.kittitas.wa.us
700 East 1st Street
Cle Elum, WA 98922
(509) 674-5533