



# SEATAC MUNICIPAL COURT

## Request for Reasonable Accommodation

1. Case No: \_\_\_\_\_ Date: \_\_\_\_\_

Case Name: \_\_\_\_\_

2. Name of Person Requesting: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
(Mailing Address) (Area Code, Phone Number)

\_\_\_\_\_ E-mail: \_\_\_\_\_  
(City, State, Zip Code)

3. I am participating in a court proceeding/activity as a (check all that apply):

- Petitioner/Plaintiff     Defendant/Respondent     Attorney  
 Witness     Juror     Judicial Officer  
 Other (specify interest in or connection to proceeding, if any) \_\_\_\_\_  
\_\_\_\_\_

4. List all known dates/times the accommodation(s) are needed (specify):  
\_\_\_\_\_  
\_\_\_\_\_

5. Why is an accommodation needed?  
\_\_\_\_\_  
\_\_\_\_\_

6. What accommodation would you like? And why?  
\_\_\_\_\_  
\_\_\_\_\_

7. Please provide any information that would help the court respond to your request.  
\_\_\_\_\_

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8. How do you want to be informed of the status of your request for accommodation?

Phone     Writing     E-mail     In person     Other (specify):

Date: \_\_\_\_\_



\_\_\_\_\_  
(Signature of Person Requesting)

\_\_\_\_\_  
(Print Name of Person Requesting)

### Review and Action by the Court

*(For Court Use Only-Copy of completed form should be maintained for future reference.)*

Request No.: \_\_\_\_\_  
(Court, Sequential Number)

Reasonable Accommodation Request Form received: \_\_\_\_\_  
(Date)

Additional information requested: \_\_\_\_\_  
(Date)

Additional information received: \_\_\_\_\_  
(Date)

Type of proceeding:     Criminal     Civil     Family     Probate     Juvenile

Proceedings include but are not limited to: bail hearing, preliminary hearing, trial, sentencing hearing.

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**Requested Accommodation Denied:** \_\_\_\_\_  
(Date)

Fails to satisfy the requirements of GR 33 (specify)

Creates an undue burden on the court

Fundamentally alters the nature of the service, program or activity

Permitting the applicant to participate in the proceeding with the requested accommodation creates a direct threat to the safety or well-being of the person requesting or others.

**Basis for Finding:** \_\_\_\_\_

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(Form Approved by the Washington State Administrative Office of the Courts Pursuant to GR 33 (\_\_\_\_))

**REQUEST FOR ACCOMMODATION BY PERSONS WITH DISABILITIES & REVIEW AND ACTION BY THE COURT**

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**Requested Accommodation Granted:** \_\_\_\_\_  
(Date)

In whole                       In part (*specify*)                       Alternative (*specify*)

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Dates accommodation will be provided:

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Person requesting notified on: \_\_\_\_\_  
(Date)

Notification achieved via:

Phone     Writing     E-mail     In person     Other (*specify*):

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Date: \_\_\_\_\_                      ➤ \_\_\_\_\_  
(Signature of Court Official)

\_\_\_\_\_  
(Type or Print Name of Court Official)