

Request for Accommodation

Request No.: _____
(Court, Sequential Number)

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)

2. Name of Person Seeking Accommodation: _____

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

_____ E-mail: _____

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

Petitioner/Plaintiff Defendant/Respondent Attorney

Witness Juror Observer

The proceeding is:

Trial Motion Other: _____

Other *(specify interest in or connection to proceeding, if any)* _____

4. List all known dates/times the accommodation(s) will be needed (specify):

5. Please describe the disability for which you are requesting an accommodation.

DO NOT LIST PERSONAL MEDICAL INFORMATION. USE THIS SEALED COVER SHEET (click on link) AND PROVIDE IN A SEPARATE DOCUMENT. IF YOU DO NOT PROVIDE THIS, ALL INFORMATION MAY BE PUT IN THE COURT FILE.

6. What accommodation are you requesting? Please explain why this specific accommodation is necessary.

7. Please provide any information that would help the Court respond to your request.

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)

Mail or fax form to:

Accommodation Coordinator
Shelton Municipal Court
525 W. Cota Street
Shelton, WA 98584
Fax - 360.426.3301