

**Snohomish County Superior Court  
3000 Rockefeller Avenue, M/S 502  
Everett, WA 98201**

**INSTRUCTIONS FOR COMPLETING  
REQUEST FOR REASONABLE ACCOMMODATION FORM**

To request a reasonable accommodation, you must complete the **Request for Reasonable Accommodation Form** and return it to the Superior Court ADA coordinator listed below

This provides help on how to complete the form contact the Superior Court ADA Coordinator. You can either complete it online, then print and sign it, or you can print it, complete by hand, then sign it.

If you need help completing the form, contact the ADA Coordinator at 425-388-3737.

**Steps for Completing the Form:**

1. **Line No. 1:** Fill in the Case Number and Name if known.
2. **Line No. 2:** Fill in your name, address (street, city, state, and zip code), phone number and email, if you have one.
3. **Line No. 3:** Identify your specific interest or participation in the proceeding, court service, program or activity for which you need an accommodation.
  - a. If you are the person initiating or starting a case, then you are a “petitioner/plaintiff” and should check the “Petitioner/Plaintiff” box.
  - b. If you are the person against which the case or action is brought or the accused you are a “defendant/respondent” and should check the “Defendant/Respondent” box.
  - c. If you are not a participant in a case, check the “Other” box and state your specific interest or connection to the proceeding. (“Other” includes but is not limited to court observer, interested persons such as guardian ad litem, guardian, and interpreter).
4. **Line No. 4:** If you know the date(s) of the proceeding(s), list them. If not known, once a hearing is scheduled, you should complete a new form or to otherwise advise the court.
5. **Line No. 5:** You must explain why the accommodation is needed. You should state the nature of your disability and how it prevents you from participating in the court proceeding(s) unless you are provided with an accommodation. If you are unsure, state the disability as best you can and describe how it affects you. For example, if you have a problem remembering information, or understanding the proceedings due to a learning disability, you need to explain this on the Line No. 5.

***As this information may become part of a public court record, you may disclose confidential information under form WPF All Cases 01.0300, Sealed Medical and Health Information (Cover Sheet) and refer the court to that information rather than stating it here.***

6. **Line No. 6:** What is it that you think you need to help you participate in the court proceedings? Examples of accommodations the court may be asked to provide include: Sign Language Interpreters, Assistive Listening Devices, Note takers, readers for persons with impaired eyesight, removal of barriers for persons with mobility impairments.

***As this information may become part of a public court record, you may disclose confidential information under form WPF All Cases 01.0300, Sealed Medical and Health Information (Cover Sheet) and refer the court to that information rather than stating it here.***

7. **Line No. 7:** If there is other information that will help the court evaluate your request, include it on Line 7. If you have medical information that describes your disability and how it affects your ability to participate in the court process, you should provide it.

***Medical information that is filed under form WPF All Cases 01.0300, Sealed Medical and Health Information (Cover Sheet) or otherwise sealed by the court will not be included in the public court record and will be kept under confidential court seal unless there is a motion (written request to the court) for access that is granted after a hearing at which you will have the opportunity to appear.***

8. **Line No. 8:** Please check the box which indicates the best way to contact you.
9. **Print your name and sign and date and provide the City and State where you are signing the form. Mail it to the coordinator at the address below or hand deliver.**

**ADA Coordinator  
Snohomish County Superior Court  
3000 Rockefeller Ave, MS 502  
Everett, WA 98201  
Phone: 425-388-3737  
E-Mail: SuperiorCourtADA@snoco.org**