

**KITSAP COUNTY SUPERIOR COURT**  
**Request for Reasonable Accommodation for Persons with Disabilities**

If you have a disability and you believe you may need an accommodation to fully and equally participate in a particular court proceeding or activity, you may request a reasonable accommodation.

To request a reasonable accommodation, complete the Request for Reasonable Accommodation Form and return to the **Kitsap County Superior Court Administrator, 614 Division Street, MS-24, Port Orchard, WA 98366**. If you need assistance completing this form, contact the **Superior Court Administrator at (360) 337-7140**.

Accommodation requests are granted to any qualified person with a disability for whom such accommodation is reasonable and necessary under the Americans with Disabilities Act of 1990 (ADA), other similar local, state, and federal laws and Washington State General Rule (GR) 33. A request will be granted unless:

- it is impossible for the court to provide the requested accommodation on the date of the proceeding; and the proceeding cannot be continued without prejudice to a party to the proceeding or;
- it is impractical for the court to provide the requested accommodation on the date of the proceeding; and the proceeding cannot be continued without prejudice to a party to the proceeding

You may be required to provide additional information for the Superior Court Administrator to properly evaluate your reasonable accommodation request. ***Medical and other health information submitted under form WPF All Cases 01.0300, Sealed Medical and Health Information (Cover Sheet) shall be sealed automatically. If medical and other health information is not submitted under form WPF All Cases 01.0300, Sealed Medical and Health Information (Cover Sheet), the submitter may ask the court to seal the documents later.***

Generally, five day advance notice is required to review reasonable accommodation requests. However, a response to an immediate need for accommodation will be considered to the fullest extent possible.

**KITSAP COUNTY SUPERIOR 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)

\_\_\_\_\_ Email: \_\_\_\_\_  
(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.

\_\_\_\_\_  
\_\_\_\_\_

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

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

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Date: \_\_\_\_\_ at \_\_\_\_\_ (City, State)

\_\_\_\_\_  
*(Type or Print Name of Person Requesting)*

➤ \_\_\_\_\_  
*(Signature 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.

**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:** \_\_\_\_\_  
\_\_\_\_\_

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

In whole                       In part *(specify)*                       alternative *(specify)*

\_\_\_\_\_

Dates accommodation will be provided:  
\_\_\_\_\_

Person Requesting Notified on: \_\_\_\_\_  
*(Date)*

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

\_\_\_\_\_  
*(Type or Print Name of Court Official)*                      ➤ \_\_\_\_\_  
*(Signature of Court Official)*

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