

INFORMATION FOR PERSONS WITH DISABILITIES WHO NEED ACCOMMODATIONS TO ACCESS THE COURTS

Who may receive an accommodation? Anyone with a disability who needs assistance in order to participate in a court proceeding, service, program or activity. This form may be used by anyone. What is a disability is defined by federal and state laws, including the Americans with Disabilities Act and the Washington Law Against Discrimination and applicable regulations.

What information does the court need? Applicants must tell the court why they need an accommodation and what accommodation they would like. This information will allow the court to decide if the request may be granted. Medical records and medical information submitted under **form WPF All Cases 01.0300, Sealed Medical and Health Information (Cover Sheet)** shall be sealed automatically and will not be available to the public. If the court lacks enough information to decide, it may ask the applicant for more information.

What accommodations may be requested? Applicants may request accommodations that allow them to fully and meaningfully participate in a court proceeding. Applicants should request the accommodation that will best allow them to do that. A reasonable accommodation could be a sign language interpreter; changes to a courtroom's layout to improve lighting, hearing, or mobility; large print or high contrast documents and forms; hearings held by teleconference; extended time for hearings and recesses; or assistive listening and seeing devices; personal assistance or someone who can help present the case or claim to the court.

When should the form be filed? The form should be filed as soon as applicants know they need an accommodation. The court will usually need to receive the request at least five days before the accommodation is needed. Requests coming in later than that will be granted if they are possible.

Who gets this information? The request should be given to the court. The request is presented *ex parte*, but may be filed in the public court record file where the public and other participants may see it. Other participants or the public are not entitled to see any medical or health information that is filed under **form WPF All Cases 01.0300, Sealed Medical and Health Information (Cover Sheet)**.

Must all requests be granted? No. If, however, the applicant qualifies, the court will deny an accommodation request only if it would cause an undue burden, if it would fundamentally alter the court proceeding; or it would threaten someone's safety or well-being. The court must explain how the requested accommodation meets one of these criteria.

**KITSAP COUNTY SUPERIOR COURT
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 Administrator, 614 Division Street, MS-24, Port Orchard, WA 98366. This provides help on how to complete the form.

If you need help completing the form, contact the Superior Court Administrator at (360) 337-7140.

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, guardians ad litem or appointed counsel for persons with mental impairments or cognitive disabilities.

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. Give it to the court officer.**

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: _____