

## **Instructions and Information about Requests for Accommodation for Persons with Disabilities (ADA Requests)**

### **Court Contact:**

Title: Wahkiakum County Clerk

Email: superiorcourt@co.wahkiakum.wa.us

Telephone: (360) 795-3558

Address: 64 Main Street, P.O. Box 157, Cathlamet, WA 98612

If no one is listed above, contact the presiding judge of the court.

### **Generally.**

- Courts provide reasonable accommodation for persons with disabilities who require assistance to participate fully in a court proceeding or activity.
- Accommodation requests can be granted to any person with a disability for whom such accommodation is necessary under the Americans with Disabilities Act of 1990 (ADA) (42 U.S.C. §§ 12101-12213), the Washington Law Against Discrimination (RCW 49.60 et seq.), or other local, state, or federal laws.
- The court will make its decision in each case individually after considering the nature of the person's disability and the ability of the court to provide the requested accommodation.
- The court will give primary consideration to the type of accommodation the person requests.

### **Process.**

- The formal procedure is in Washington State General Rule (GR) 33.
- Request for Accommodation: The court will promptly address requests for aids, modifications, and services to ensure access to courts, court programs, and court proceedings.
- Timing: Requests should be made as far in advance as possible.

- Local procedures allowed: A court may provide some simple accommodations, such as an assisted listening device, without requiring the Request for Accommodation form. (For more information, ask the court contact).

**Procedure for Requesting Accommodation.** To request an accommodation:

- Complete the **Request for Accommodation** form. If you cannot fill out the form or have questions, talk to the court contact listed above.
- Return your request form and any documents you want the court to consider to the court contact.
- The Court may contact you for more information.

You do not need to notify anyone in the case about your request for accommodation.

If you provide medical and other health information, it must be filed under seal so that only you and the court can read it. Attach it to the form called the:

**Sealed Medical and Health Information Cover Sheet  
under GR 33**

form number WPF All Cases 01.0300. No one else can have access to your information unless they get a court order that allows access.

**Decision.** The court will inform you of its decision to grant or deny the request for accommodation. Your request will be granted unless the court finds:

- You have failed to satisfy the substantive requirements of GR 33; or
- The court is unable to provide the requested accommodation on the date of the proceeding and the proceeding cannot be continued without significant prejudice to a party; or
- Permitting you to participate in the proceeding with the requested accommodation would create a direct threat to the health or safety or wellbeing of you or others.

(Approved by the Washington State Administrative Office of the Courts Pursuant to GR 33 – 05/2015)

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

- The requested accommodation would create an undue financial or administrative burden for the court; or would fundamentally alter the nature of the court service, program, or activity.
  - An accommodation may be denied based on a fundamental alteration or undue burden only after considering all resources available for the funding and operation of the service, program, or activity, and must be accompanied by a written statement of the reasons for reaching that conclusion.
  - If a fundamental alteration or undue burden would result from fulfilling the request, the Court must still ensure that, to the maximum extent possible, you receive the benefits or services provided by the court.

**Denial.** If your requested accommodation is denied, the court must specify the reasons for the denial (including the reasons the proceeding cannot be continued without prejudice to a party). The court must also ensure that you are informed of your right to file an ADA complaint with the United States Department of Justice Civil Rights Division.

**Sealing Decision.** The court will determine whether or not to seal the written decision. The court will enter the decision in the proceedings file, if there is one. If there is no proceedings file, the decision will be entered in the court's administrative file.

**Request for Accommodation**

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

1. Information about the court case or activity

What is the Case Number? \_\_\_\_\_.

What is the Case Name? \_\_\_\_\_.

If there is no specific case, what is the court activity?

\_\_\_\_\_.

2. Information about the Person Requesting Accommodation.

What is your name? \_\_\_\_\_.

3. Describe the court proceeding or activity you need accommodation for. Include the date, time, and location:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

4. How are you participating in a court proceeding/activity (check all that apply):

- Party                       Attorney                       Witness  
 Juror                       Observer                       Other \_\_\_\_\_

5. Describe the disability for which you are requesting an accommodation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

6. Describe what accommodation you are requesting and explain why this specific accommodation is necessary.

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7. Provide any information that you think would help the court respond to your request.

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8. Contact information:

Email \_\_\_\_\_.

Mailing address \_\_\_\_\_.

Telephone where the court can leave a message \_\_\_\_\_.

Other (specify): \_\_\_\_\_.

What is the best way to notify you about the decision on your request?

email  mail  phone call  other (see above).

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

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

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

**Return this form to the Court Contact:**

Name: Jess Reddon  
Title: Wahkiakum County Clerk  
Email: superiorcourt@co.wahkiakum.wa.us

Telephone: (360) 795-3558

Address: 64 Main Street, P.O. Box 157, Cathlamet, WA 98612

If no one is listed above, return it to the presiding judge of the court.

**Superior Court of Washington  
County of Wahkiakum**

In re:

\_\_\_\_\_

Petitioner(s)/Plaintiff(s),  
and

\_\_\_\_\_

Respondent(s)/Defendant(s).

Case No. \_\_\_\_\_

Review and Decision by the Court  
(ADADC)

Sealed (ADASD)

(File in the proceedings file, if there is  
one, or the administrative file.)

**Review and Decision by the Court**

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

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

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

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

Type of proceeding/activity:

trial  court hearing  other court proceeding \_\_\_\_\_

other court activity \_\_\_\_\_

**Requested accommodation granted:**

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

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Dates accommodation will be provided:

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**Requested accommodation denied because:**

- The person requesting the accommodation failed to satisfy the requirements of GR 33 (specify)
- Court is unable to provide the requested accommodation on the proceeding date and cannot continue the proceeding without significant prejudice to a party (explain, including why proceeding cannot be continued)
- Permitting the person to participate in the proceeding with the requested accommodation creates a direct threat to the safety or well-being of the person requesting accommodation or others (explain)
- The requested accommodation creates an undue financial or administrative burden for the court or fundamentally alters the nature of the court service, program, or activity (explain)

**Basis for finding:** \_\_\_\_\_

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Additional Findings: \_\_\_\_\_

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**Notice of the right to file a complaint:**

- Does not apply.
- Your request for accommodation was denied in whole or in part as indicated above.

***You have a right to file an ADA complaint with the U.S. Department of Justice Civil Rights Division.***

**Decision about sealing:**

This decision is not sealed.

This decision is sealed.

Reason for this decision: \_\_\_\_\_

\_\_\_\_\_

**The request for accommodation was granted or denied on \_\_\_\_\_.**  
(Date)

**Person requesting accommodation was notified on \_\_\_\_\_ by:**  
(Date)

letter  email

on the record  by phone  other \_\_\_\_\_

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

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

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