

SNOHOMISH COUNTY SUPERIOR COURT
Accommodations Coordinator
3000 Rockefeller Ave, M/S 502
Everett , WA 98201
FAX 425.388.3498
SuperiorCourtADA@snoco.org

Request for Accommodation for Persons with Disabilities

Generally:

- Snohomish County Superior Court provides accommodations for persons with disabilities who require assistance in order to participate fully and equally participate in Court programs, services or activities.

Accommodation requests are 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 similar local, state, and federal laws and Washington Supreme Court General Rule (GR) 33.

- If you are entitled to receive an accommodation, primary consideration will be given to the accommodation you request. If the requested accommodation is not provided, the Court may offer an alternative.
- Generally, five days notice is requested to review accommodation applications. However, all requests will be addressed promptly and in accordance with ADA requirements.
- NOTE: Snohomish County Superior Court may also utilize informal approaches to providing accommodation. For example, some assistive devices may be immediately available upon request.

Procedure for Requesting Accommodation. To request an accommodation, complete the **Request for Accommodation Form**, and return it to the Accommodation Coordinator along with any documents you want the Court to consider, such as medical records.

If you provide medical and other health information, you must attach your information to form WPF All Cases 01.0300, **Sealed Medical and Health Information Cover Sheet**. Your medical and other health information will be automatically sealed (kept private) when you submit the information under the cover sheet.

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; or
- 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.

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

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)

Mail, fax or email form to:

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