THURSTON COUNTY DISTRICT COURT

Request for Reasonable Accommodation (****)

1. Cas	se No.:	Date:		
Cas	se Name:			
2. Nai	2. Name of Person Requesting:			
Addres	SS:(mailing address)	Phone No.: (area code, phone	number)	
3. I ar		Defendant/Respondent	□Attorney □Judicial Officer	
4. List 	 List all known dates/times the accommodations(s) are needed (specify): 			
5. Wh	5. Why is an accommodation needed?			
6. Wh	. What accommodation would you like? And why?			
7. Ple	7. Please provide any information that would help the court respond to your request.			
 8. Hov	w do you want to be informed of the □Phone □Writing □Email	e status of your request for accomm □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)			

(Form Approved by the Washington State Administrative Office of the Courts Pursuant to GR 33 (****) REQUEST FOR ACCOMMODATION BY PERSONS WITH DISABILITIES & REVIEW AND ACTION BY THE COURT