

**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):**

<input type="checkbox"/> Party	<input type="checkbox"/> Attorney	<input type="checkbox"/> Witness
<input type="checkbox"/> Juror	<input type="checkbox"/> Observer	<input type="checkbox"/> 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)*

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

Stacy Colberg  
Court Administrator  
3510 Grandview Street  
Gig Harbor, WA 98335  
[court@cityofgigharbor.net](mailto:court@cityofgigharbor.net)  
(253) 851-7808