

**SUPERIOR COURT OF THE STATE OF WASHINGTON
FOR SAN JUAN COUNTY**

Kathryn C. Loring
Judge

Jane M. Severin
Court Administrator

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

Court Contact:

Name: Jane Severin
Title: Court Administrator
Email: janes@sanjuanco.com
Telephone: (360) 370-7480
Address: 350 Court Street #7, Friday Harbor, WA 98250

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 and return it to:
Jane Severin, Court Administrator
San Juan County Superior Court
350 Court Street #7, Friday Harbor, WA 98250
Email: janes@sanjuanco.com
Telephone: (360) 370-7480
- Be sure to include any documents you want the court to consider, such as medical records, to the court contact.

If you provide medical and other health information, it must be filed under seal so that only you and the court can read it. You must attach it to the form Sealed Medical and Health Information Cover Sheet under GR 33 (number WPF All Cases 01.0300). No one else can have access to your information unless they get a court order that allows access.

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

Decision. The court will inform you of its decision to grant or deny the request for accommodation, either in writing or on the record. 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.
- 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.

**SUPERIOR COURT OF THE STATE OF WASHINGTON
FOR SAN JUAN COUNTY**

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Court Administrator

Request for Accommodation

Request No.: _____
(Court, Sequential Number)

Date: _____

1. Information about the court case or activity

Case Number: _____.

Case Name: _____.

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

2. Information about the Person Requesting Accommodation.

Name: _____

Address (*Mailing*): _____

Phone Number: _____

Email: _____

3. I am participating in a court proceeding/activity as a (check all that apply)

Petitioner/Plaintiff Respondent/Defendant Attorney

Witness Juror Observer

The proceeding is:

Trial Motion other: _____

4. List all known dates/times the accommodation(s) will be needed (specify):

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, to include any documentation that may establish that your disability has been diagnosed or otherwise recognized medically or that there is a record or history that substantiates your disability. As noted on the Instructions and Information form that accompanies this form, medical or health care information should be attached to the Sealed Cover Sheet provided with this form.

8. How do you want to be informed of the status of your request for accommodation?

- Email _____.
- Mailing address. _____
- Telephone (*where the court can leave a message*) _____.
- Other (specify): _____.

Date: _____



(Signature of Person Requesting Accommodation)

(Print Name of Person Requesting Accommodation)

Return this form to the Court Contact:

Name: Jane Severin

Title: Court Administrator

Email: janese@sanjuanco.com

Telephone: (360) 370-7480

Address: 350 Court Street #7, Friday Harbor, WA 98250

**Superior Court of Washington
County of San Juan**

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)*

Dates accommodation will be provided:

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: _____

Additional Findings:

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)