

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

Donald E. Eaton
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.

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

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

In re:

Petitioner(s)/Plaintiff,
and

Respondent(s)/Defendant(s).

No.

**Sealed Medical and Health
Information Cover Sheet under
GR 33
(SMHI)**

**Clerk's Action Required:
*Only the court and person
requesting accommodation may
have access to this information
without a court order***

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

Sealed Medical and Health Information

Attached are documents that contain information about the physical or mental health condition of a person requesting an accommodation under GR 33.

Submitted by:

Signature

Print Name