

SAN JUAN COUNTY DISTRICT COURT

350 Court Street - P.O. Box 127 - Friday Harbor, WA 98250
360-378-4017 (Tel) - 360-378-4099 (Fax)
dstct@sanjuanco.com

Carolyn M. Jewett
Judge

Melissa I. Derksema
Court Administrator

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:

Mellissa Derksema, Court Administrator
350 Court St.
PO Box 127
Friday Harbor, WA 98250

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dstct@sanjuanco.com