



WALLA WALLA DISTRICT COURT

Americans with Disabilities Act (ADA) Accommodation Request Form

For an electronic version of this form, please visit:
<http://www.co.walla-walla.wa.us/departments/dco/index.shtml>

Instructions: Please fill out ALL sections of this form. When finished, **mail, fax or deliver** the completed form to the Walla Walla District Court, 317 W. Rose Street, Walla Walla, WA 99362 fax (509) 524-2775. Please provide additional documents, if necessary. Please submit your completed form **at least 10 business days** prior to the date you need an accommodation, if at all possible.

Date submitted: ___/___/___

Date(s) accommodation is needed: ___/___/___ - ___/___/___

Case name or court file number (if known): _____

Name of person needing an accommodation: _____

Address (number, street, apartment, city, state, zip code)

Telephone number: (____) _____ - _____ Email: _____

Person is:
 Juror Defendant Plaintiff Witness Other (*Specify*): _____

Type of Case:
 Criminal Civil Other (*Specify*): _____

I. What specific accommodation(s) are you requesting?

II. Please provide any additional information that might be useful in reviewing
The accommodation request.

Form completed by (print): _____ Signature _____

SELF Other (print name): _____