



The City Of Zillah

THE HEART OF WINE COUNTRY

Zillah Municipal Court

Request for Reasonable Accommodation

Request Received: _____
(For Court Use, date received)

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.

Are you the person in need of an accommodation? Yes or No

What is your name and if applicable, the name of the person for whom you are requesting accommodation? _____.

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):

Party Attorney Witness
 Juror Observer 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 contact you: _____.

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:

**Zillah Municipal Court
PO Box 388
111 7th Street
Zillah, WA 98953
Fax: 509-829-5605**