

## UNITED STATES DISTRICT COURT WESTERN DISTRICT OF WASHINGTON

## APPLICATION FOR ACCOMMODATIONS FOR TRIAL PARTICIPANTS WITH COMMUNICATION DISABILITIES

(PLEASE SUBMIT APPLICATION A MINIMUM OF TEN (10) COURT DAYS PRIOR TO A SCHEDULED COURT PROCEEDING; IF SUBMITTING BY U.S. MAIL SUBMIT A MINIMUM OF FIFTEEN (15) COURT DAYS PRIOR TO SCHEDULED COURT PROCEEDING)

CASE NAME:	<del></del>	
JUDGE:		
APPLICANT'S NAME:		
APPLICANT ROLE:	PARTY WITNESS OTHER-SPECIFY:	ATTORNEY
	ther" for applicant's role inclu	de a detailed explanation of the accommodation is sought:
Applicant's contact information	ation:	

In accordance with the local guidelines of this court, application is made for court provided sign language interpreters and/or other appropriate auxiliary aids as follows:
Hearing impaired equipment CART (Communications Access Realtime Translation) Sign language interpreter Other communication/auxiliary aid or services, as specified:
Office Confidential advantary and or services, as specified.
Note: If specific auxiliary aids and services are requested, alternative auxiliary aids and services must be identified here by the requesting participant in case the primary auxiliary aids and services requested are unavailable, incompatible with the courtroom or too expensive.
Type of court proceeding or activity for which auxiliary aids and services is requested:
Type of tooks production and the same of t
Proceeding date/time:
Note: Application should be made as far in advance of the requested implementation date as possible.
Description of the communication disability that necessitates the auxiliary aids and services (attach pages if necessary):

If physical accommodations are necessary, please provide a description of the physical accommodations requested and a description of the disability that necessitates the accommodations:		
If the communications disability is not obvious you may attach documentation from an appropriate healthcare or rehabilitation professional that is sufficient to substantiate the disability and the need for the auxiliary aids and services requested. Documentation is sufficient if it: (1) describes the nature, severity, and duration of the applicant's communication disability, the activity or activities that the disability limits, and the extent to which the disability limits the applicant's ability to perform the activity or activities; and (2) substantiates why the requested auxiliary aids and services are needed.		
Check the applicable options below and sign and date application where indicated:		
I certify under penalty of perjury that I am deaf, hearing impaired, or have other communication disabilities that render me eligible for receipt of these auxiliary aids and services; and/or  I certify under penalty of perjury that I require the physical accommodation(s) requested above.		
Date:Applicant's Signature:		
Submit application by email, USPS or manual delivery to:		
(1) Tacoma Courthouse, Attn: Patrick Sherwood, 1717 Pacific Ave., Room 3100, Tacoma, WA 98402-3200.		
Patrick_Sherwood@wawd.uscourts.gov (2) Seattle Courthouse, Attn: Kris Porter, 700 Stewart St. Ste. 2310, Seattle, WA 98101. Kris Porter@wawd.uscourts.gov		