

SNOHOMISH COUNTY CLERK
Clerk Accommodations Coordinator
3000 Rockefeller Ave, M/S 605 Everett,
WA 98201
FAX: 425.388.3806
EMAIL: contact.clerk@snoco.org

Request for Accommodation for Persons with Disabilities

Generally:

- Snohomish County Clerk provides accommodations for persons with disabilities who require assistance in order to fully and equally participate in and access Clerk programs and services.
- The Clerk Accommodation Coordinator **will not respond** to accommodation requests for services and programs offered through Superior Court such as court proceedings, hearing amplification/assisted listening devices, parking access, or structural access. See Superior Court Accommodation Coordinator information at the following link: [ADA Accommodations | Snohomish County, WA - Official Website \(snohomishcountywa.gov\)](http://www.snohomishcountywa.gov/ada).
- Accommodation requests are 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 similar local, state, and federal laws.
- If you are entitled to receive an accommodation, primary consideration will be given to the accommodation you request. If the requested accommodation is not provided, the Clerk may offer an alternative.
- Generally, five days' notice is requested to review accommodation applications. However, all requests for Clerk programs and services will be addressed promptly and in accordance with ADA requirements.

Procedure for Requesting Accommodation. To request an accommodation, complete the **Request for Accommodation Form**, and return it to the Clerk Accommodations Coordinator (Coordinator) along with any documents you want the Coordinator to consider, such as medical records.

NOTE: If you provide medical and other health information, it will remain confidential and retained by the Clerk along with a copy of the accommodation request and Coordinator's decision pursuant to Washington State Local Government Records Retention Schedule (GS50-04C-01).

Decision. The Coordinator will inform you of the decision to grant or deny the request for accommodation. Your request will be granted unless the Coordinator finds:

- The requested accommodation would create an undue financial or administrative burden for the Clerk; or would fundamentally alter the nature of the Clerk service or program; or would threaten someone's safety or wellbeing.
 - 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 Coordinator must still ensure that, to the maximum extent possible, you receive the benefits or services provided by the Clerk.

Denial. If your requested accommodation is denied, the Coordinator must specify the reasons for the denial. The Coordinator 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.

Clerk Request for Accommodation

Request No.: _____

*Clerk Sequential Number
(To be completed by Clerk)*

1. Information about the court case or activity:

What is the Case Number? _____

What is the Case Name? _____

2. Information about the Person Requesting Accommodation:

What is your name? _____

3. Describe the Clerk program or service you need accommodation for.

4. Describe the disability for which you are requesting an accommodation.

5. Describe what accommodation you are requesting and explain why this specific accommodation is necessary.

_____.

6. Provide any information that you think would help the Clerk respond to your request.

_____.

7. Contact information:

Email_____.

Mailing address_____.

Phone number where the Clerk 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

Date:_____

➤ _____
(Signature of Person Requesting Accommodation)

(Print Name of Person Requesting Accommodation)

Mail, fax or email form to:

Clerk Accommodation Coordinator
(Attn: Customer Services Manager)
Snohomish County Clerk
3000 Rockefeller Ave. MS 605
Everett, WA 98201
FAX: (425) 388-3806
Email: contact.clerk@snoco.org