

ADA POLICY AND PROCEDURE

Requests for Reasonable Accommodations by Persons with Disabilities

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SECTION 1 - POLICY STATEMENT AND DEFINITIONS

POLICY STATEMENT

It is the policy of Clark County Courts to assure that qualified individuals with disabilities have equal and full access to the judicial system including Court proceedings, services, programs, activities and employment. Nothing in this policy shall be construed to impose limitations or to invalidate the remedies, rights, and procedures accorded to any qualified individual with disabilities under state or federal law. To that end, Clark County judicial system staff will make every effort to assist qualified individuals with disabilities who request reasonable accommodations by utilizing the guidelines and procedures established within General Rules (GR) 33, this policy and other applicable county policies.

DEFINITIONS

1. **Accommodation** means measures to make each court service, program, or activity, when viewed in its entirety, readily accessible to and usable by an applicant who is a qualified person with a disability, and may include but is not limited to:
 - A. Making reasonable modifications in policies, practices, and procedures;
 - B. Furnishing, at no charge, auxiliary aids and services, including but not limited to equipment, devices, materials in alternative formats, qualified interpreters, or readers; and
 - C. As to otherwise unrepresented parties to the proceedings, representation by counsel, as appropriate or necessary to making each service, program, or activity, when viewed in its entirety, readily accessible to and usable by a qualified person with a disability.
2. **Applicant** means any lawyer, party, witness, juror, or any other individual who has a specific interest in or is participating in any proceeding before any court.
3. **Court** means any court or other agency or body subject to the rulemaking authority of the Supreme Court.



4. **Person with a disability** means a person covered by the Americans with Disabilities Act of 1990 (§ 42 U.S.C. 12101 *et seq.*), RCW 49.60 *et seq.*, or other similar local, state, or federal laws. This term includes, but is not limited to, an individual who has a physical or mental impairment that limits one or more major life activities, has a documented history of such an impairment, or is regarded as having such an impairment.
5. **Qualified person with a disability** means a person with a disability who is otherwise entitled to participate in any program, service, or activity made available by any court.

SECTION 2 - INFORMATION FOR PERSONS WITH DISABILITIES WHO NEED ACCOMMODATIONS TO ACCESS THE COURTS

Who may receive an accommodation? Anyone with a disability who needs assistance to participate in a court proceeding, service, program or activity may request a reasonable accommodation. A disability is defined by federal and state laws, including the Americans with Disabilities Act and the Washington Law Against Discrimination and other applicable regulations.

What information does the court need? Applicants must tell the court why they need an accommodation and what accommodation they would like. This information will allow the court to decide if the request may be granted.

How does an individual ask the court for a reasonable accommodation? A **“Request for Reasonable Accommodation Form”** is provided for applicants to complete and submit to the Courts. The Court may request additional information, if necessary, to determine the need and type of accommodation. If additional medical records and medical information is required, the applicant may be asked to submit form **“Sealed Medical and Health Information (Cover Sheet) WPF All Cases 01.0300,”** that shall be sealed automatically by the Court and will not be available to the public. If the court lacks enough information to make a decision regarding the request, it may ask the applicant for more information.

Where is the form provided to request a reasonable accommodation? The form is located on the Clark County web page. Go to the **“A-Z Index”** and click on the **“Courts”** link. Click on **“ADA Policy”** located in the column on the left side of the page. Click on the **“Reasonable Accommodation”** link located at the end of the first paragraph on this page. Also, the form may be obtained at any of the Courts’ or Clerks’ Offices reception counters.

What accommodations may be requested? Applicants may request accommodations that assist them to fully and meaningfully participate in a court proceeding. Applicants should request the accommodation that will best allow them to do that. A reasonable accommodation could be a sign language interpreter; changes to a courtroom’s layout to improve lighting, hearing, or mobility; large print or high contrast documents and forms; hearings held by teleconference; extended time for hearings and recesses; or assistive listening and seeing devices; personal assistance or someone who can help present the case or claim to the court.

When should the form be filed? The form should be filed as soon as applicants know they need an accommodation. The court will usually need to receive the request at least five days before the accommodation is needed. Requests coming in later than that will be granted if they are possible.

Who gets this information? The request should be submitted to the appropriate ADA Coordinator for the Court. Information regarding court ADA Coordinators is available in Section 3 of this document. The request is presented *ex parte*, but will be filed in the public court record file where the public and other participants may see it. Other participants or the public are not entitled to see any medical or health information that is filed under form **“Sealed Medical and Health Information (Cover Sheet) WPF All Cases 01.0300.”**

Must all requests be granted? No. If, however, the applicant qualifies, the court will deny an accommodation request only if it would cause an undue burden, if it would fundamentally alter the court proceeding; or it would threaten someone’s safety or well-being. The court must explain how the requested accommodation meets one of these criteria.

How will I be notified? You will be notified as you requested in Section 8 of the **“Request for Reasonable Accommodation Form”**. Also, you will receive a written **“Notice of Accommodation”**.

SECTION 3 – INSTRUCTIONS – REQUEST FOR REASONABLE ACCOMMODATIONS

If you have a disability and you need an accommodation to fully and equally participate in a court proceeding or activity, you may request a reasonable accommodation.

To request a reasonable accommodation, complete the **Request for Reasonable Accommodation Form** and return the form to the appropriate ADA Coordinator for the Courts as listed below: **(Steps to complete the form are provided in Section 4)**

Superior Court	Jeff Amram – ADA Coordinator Clark County Courthouse 1200 Franklin Street Vancouver, WA 98666-5000 Voice (360) 397-2150; Relay Service 711 or (800) 833-6388 FAX (360) 397-6078; Email Jeff.Amram@Clark.Wa.Gov
Clerk of Superior Court District Court	@Ji fU'8Ybcg – ADA Coordinator Clark County Public Service Center 1300 Franklin Street – Suite 644 Vancouver, WA 98666-5000 Voice (360) 397-2025; Relay Service 711 or (800) 833-6388 FAX (360) 397-6165; Email: ADA@Clark.Wa.Gov

If you need help completing the **Request for Reasonable Accommodation Form**, the above listed individuals will make arrangements to assist you. If you are unsuccessful in contacting them, call the Clerk's Office at (360) 397-2292 or (360) 397-2287.

Accommodation requests are granted to any qualified person with a disability for whom such accommodation is reasonable and necessary under the Americans with Disabilities Act of 1990 (ADA), other similar local, state, and federal laws and Washington State General Rule (GR) 33. A request will be granted unless:

- It is impossible for the court to provide the requested accommodation on the date of the proceeding; and the proceeding cannot be continued without prejudice to a party to the proceeding or;
- It is impractical for the court to provide the requested accommodation on the date of the proceeding; and the proceeding cannot be continued without prejudice to a party to the proceeding

You may be required to provide additional information for the court to properly evaluate your accommodation request. If needed, the Court may ask that medical and other health information be submitted by you to the Court. In these circumstances, the Court may have you complete form **"Sealed Medical and Health Information (Cover Sheet) WPF All Cases 01.0300,"** When you complete and submit the form to the Court, the Court shall automatically seal it. If medical and other health information is not submitted under form **"Sealed Medical and Health Information (Cover Sheet) WPF All Cases 01.0300,"** you may ask the court to seal the documents later. If you need assistance in completing forms, the above listed ADA Coordinators for the Courts will make arrangements to assist you.

An application for accommodation should be made as far in advance as practical of the proceeding for which the accommodation is sought.

SECTION 4 - STEPS TO COMPLETE REQUEST FOR REASONABLE ACCOMMODATION FORM

Section 1. Fill in the Case Number, Case Name and the Date you are completing the form.
(Please Print or type all information on form)

Section 2. Fill in your name, address (street, city, state, and zip code), phone number and email address; if you have an email address.

Section 3. Identify your specific interest or participation in the proceeding, court service, program or activity for which you need an accommodation by checking the

corresponding box. If you check the "Other" box, provide specific information regarding your interest or connection to the case, if any.

Definitions of terms:

- **Petitioner/Plaintiff** - If you are the person initiating or starting a case, then you are a "Petitioner/Plaintiff" and should check the "Petitioner/Plaintiff" box.
- **Defendant/Respondent** - If you are the person against which the case or action is brought or the accused you are a "Defendant/Respondent" and should check the "Defendant/Respondent" box.
- **"Other"** - If you are not a participant in a case, check the "Other" box and state your specific interest or connection to the proceeding. ("Other" includes, but is not limited to, court observer, interested persons such as guardian ad litem, guardian, and interpreter).

Section 4. If you know the date(s) of the proceeding(s), list them. If you do not know the dates at the time you are submitting the form to the Court, and later determine the dates you will need to be accommodated, please contact the appropriate ADA coordinator as listed above.

Section 5. You must explain why the accommodation is needed. You should state the nature of your disability and how it prevents you from participating in the court proceeding(s). If you are unsure, state the disability as best you can and describe how it affects you. For example, if you have difficulty remembering information, or understanding the proceedings due to a learning disability, you need to explain this in this section. **Note:** As this information may become part of a public court record, you may disclose confidential information under form, Sealed Medical and Health Information (Cover Sheet) WPF All Cases 01.0300 and refer the court to that information rather than stating it here.

Section 6. What is it that you think will help you participate in the court proceedings? Examples of accommodations the court may be asked to provide include: sign language interpreters, assistive listening devices, note takers, readers for persons with impaired eyesight, removal of barriers for persons with mobility impairments, guardians ad litem or appointed counsel for persons with mental impairments or cognitive disabilities. **Note:** As this information may become part of a public court record, you may disclose confidential information under form Sealed Medical and Health Information (Cover Sheet) WPF All Cases 01.0300 and refer the court to that information rather than stating it here.

Section 7. If there is other information that will help the court evaluate your request, include it in this section of the form. If you have medical information that describes your disability and how it affects your ability to participate in the court process, you should provide it. **Note:** Medical information that is filed under form Sealed Medical and Health Information (Cover Sheet) WPF All Cases 01.0300 or otherwise sealed by the Court will not be included in the public court record. It will be kept under confidential court seal unless there is a motion (written request to the court) for access that is granted after a hearing at which you will have the opportunity to appear.

Section 8. Check the box which indicates the best way to contact you. Print your name and sign and date the request form. Also, identify the city and state where you are signing the form. Return the form to the ADA Coordinator for the Court as listed above.

SECTION 5 – NOTICE OF ACCOMMODATION PROCEDURE

The Court ADA Coordinators will be responsible for notifying the applicant of the decision regarding their request for reasonable accommodation. The applicant shall be notified of the following information:

- Whether the request was denied or approved
- The type of accommodation to be provided

- The duration of the accommodation
- Who the applicant should contact to acquire the accommodation
- Explanation of the appeal process

The Notice of Accommodation Form will be used to notify the applicant in writing of the decision regarding approval or denial of the accommodation. This report will be submitted to all applicants and will be utilized to supplement and document verbal communications to the applicant regarding the Court ADA Coordinator's decision.

SECTION 6 – DENIAL OF ACCOMMODATION AND APPEAL PROCESS

DENIAL OF ACCOMMODATION

An application may be denied only if the Court ADA Coordinator finds that:

1. The applicant has failed to satisfy the substantive requirements of GR33;
2. The requested accommodation would create an undue financial or administrative burden;
3. The requested accommodation would fundamentally alter the nature of the court service, program, or activity; or
4. Permitting the applicant to participate in the proceeding with the requested accommodation would create a direct threat to the safety or well-being of the applicant or others.

REVIEW PROCEDURE

When an accommodation has been denied, an applicant may appeal the decision within five (5) days of the date of denial by submitting a request for review to the appropriate ADA Coordinator for the Courts.

The request for review or appeal may be made in writing, verbally or presented by a third party on behalf of the applicant.

The ADA Coordinator will respond to the applicant within five (5) days of receipt of the appeal to discuss the decision regarding the accommodation denial, and if founded, work with the applicant for reconsideration of the decision to grant the request or seek resolution of an alternate accommodation that provides equal access to the judicial system.



Clark County Courts

Request for Reasonable Accommodation

Section 1	<p>Case Number: _____ Date: _____</p> <p>Case Name: _____</p>
Section 2	<p>Person Requesting Accommodation: _____ <i>(Last Name, First Name)</i></p> <p>_____</p> <p style="text-align: center;"><i>(Mailing Address)</i> <i>(Area Code, Phone Number)</i></p> <p>_____</p> <p style="text-align: center;"><i>(City, State, Zip Code)</i> <i>(Email)</i></p>
Section 3	<p>I am participating in a court proceeding/activity as a <i>(check all that apply):</i></p> <p> <input type="checkbox"/> Petitioner/Plaintiff <input type="checkbox"/> Defendant/Respondent <input type="checkbox"/> Attorney <input type="checkbox"/> Witness <input type="checkbox"/> Juror <input type="checkbox"/> Judicial Officer <input type="checkbox"/> Other <i>(Specify interest in or connection to proceeding, if any):</i> </p>
Section 4	<p>List all known dates and times the accommodations are needed <i>(specify):</i></p>
Section 5	<p>Why is the accommodation needed?</p>
Section 6	<p>What accommodation would you like and why?</p>
Section 7	<p>Please provide any information that would help the court respond to your request.</p>
Section 8	<p>How do you want to be informed of the status of your request for accommodation?</p> <p> <input type="checkbox"/> Phone <input type="checkbox"/> Writing <input type="checkbox"/> Email <input type="checkbox"/> In Person <input type="checkbox"/> Other <i>(Specify):</i> </p> <p>Date: _____ at _____ <i>(City, State)</i></p> <p>_____</p> <p><i>(Type or print name of person making request)</i> <i>(Signature of person making request)</i></p>



Clark County Courts Notice of Accommodation

Date of Notice:

Applicant:

Case:

Date of Court Case or Proceeding:

Request for Reasonable Accommodation:

Approved Alternate Accommodation Approved Request Denied

Type of Accommodation Approved:

Duration of Accommodation:

Applicant must contact the following person or court office to acquire accommodation

- Jeff Amram – ADA Coordinator – Superior Court
Clark County Courthouse
1200 Franklin Street
Vancouver, WA 98666-5000
Voice (360) 397-2150; Relay Service 711 or (800) 833-6388
FAX (360) 397-6078; Email Jeff.Amram@Clark.Wa.Gov
- @Ji fU'8Ybcg – ADA Coordinator – District Court; Clerks' Office;
District Court Clerk's Office
Clark County Public Service Center
1300 Franklin Street – Suite 644
Vancouver, WA 98666-5000
Voice (360) 397-2025; Relay Service 711 or (800) 833-6388
FAX (360) 397-6165; Email: ADA@Clark.Wa.Gov
- Other:**

Request for Accommodation was denied based on the following:

- The applicant has failed to satisfy the substantive requirements of GR33;
- The requested accommodation would create an undue financial or administrative burden;
- The requested accommodation would fundamentally alter the nature of the court service, program, or activity
- Permitting the applicant to participate in the proceeding with the requested accommodation would create a direct threat to the safety or well-being of the applicant or others.

Explanation for Denial of Accommodation:

Review Procedure

An applicant, when an accommodation has been denied, may appeal the Court's decision within 5 days of date of denial by submitting a request for review to the appropriate ADA Coordinator for the Courts.

The request for review or appeal may be made in writing, verbally communicated, or presented by a third party on behalf of the applicant.

The ADA Coordinator shall respond to the applicant within 5 days of receipt of the appeal to discuss the Court's decision regarding the accommodation denial, and if founded, work with the applicant for reconsideration by the Court to grant the request or seek resolution of an alternate accommodation that provides equal access to the judicial system.

 For other formats, contact the Clark County ADA Office: **Voice** (360) 397-2000; **Relay** 711 or (800) 833-6388; **Fax** (360) 397-6165; **E-mail** ADA@clark.wa.gov.

SEALED MEDICAL AND HEALTH INFORMATION (COVER SHEET)

_____ Court of Washington
County of Clark

In re:

Petitioner(s)/Plaintiff,
and

Respondent(s)/Defendant(s).

No.

**Sealed Medical and Health
Information (Cover Sheet)**

(_____)

Clerk's Action Required:

***Information Shall be Sealed
Automatically under GR 33(b)(2)***

Sealed Medical and Health Information

(Write "Sealed" at least one inch from the top of the first page of each document.)

Attached are records or correspondences that contain health information that relates to the past, present, or future physical or mental health condition of an individual and/or past, present, or future payments for health care.

Submitted by:

Signature

Print Name