

WASHINGTON STATE BAR ASSOCIATION

Accommodations

The Washington State Bar Association (WSBA) is committed to providing equal opportunity for persons with disabilities in order to allow individuals to participate fully in WSBA services, programs, and activities, including meetings, events, and discipline proceedings required by court rule.

Under the Americans with Disabilities Act of 1990 (ADA) (42 U.S.C. §§ 12101-12213) (including the ADA Amendments Act of 2008), the Washington Law Against Discrimination (RCW 49.60 et seq.), or other similar local, state, or federal laws, the WSBA will make reasonable accommodations when appropriate unless doing so would fundamentally alter the nature of the service, program, or activity, or result in undue financial or administrative burdens.

Please read the following instructions before filling out form:

Do not use this form for accommodations related to applications for employment or licensing examinations. Visit our Accommodations page for more information on requesting accommodation for employment applications or licensing exams.

First download the form to your local computer. Open the form using Adobe Acrobat or Acrobat Reader. If using a browser, such as Chrome, or other pdf reader, to complete the form, the Submit Form button may not work. In that case, simply email the form to accommodations@wsba.org. You can also mail the form to Washington State Bar Association, 1325 Fourth Ave., Suite 600, Seattle, WA 98101, or fax to 206-727-8316. If you need assistance or have questions regarding filling out the form, please email accommodations@wsba.org or call (206) 727-8200.

Some or all information submitted on the request form may constitute a public record. Please do not submit confidential health or medical records with your request form. The WSBA may require additional information about the qualifying disability to help assess the appropriate accommodation. Medical and health information submitted in connection with a request will be held confidential by the WSBA and shall be accessible only by an Accommodation Coordinator, or designees, its agents, and those who have authority to make decisions about accommodation requests.

Accommodations Request Form

Part I. Requestor Information

First Name:

Last Name:

Name of person requesting, if different from above:

Email address:

Mailing address:

Phone Number:

Other contact preference, please specify:

Part 2. Select the program, service, or activity for which you are requesting an accommodation. If more than one, you must complete another form.

Board of Governors Meeting

Communications or Media Inquiries

Continuing Legal Education (CLE)

Lawyer Grievance or Disciplinary Matter

Licensing, Status Changes, Other Regulatory Services

Event at WSBA:

Other program, service, or activity:

If applicable, describe the activity you need accommodation for. Include the date, time, and location for when the accommodation is needed (for example, accommodation needed for hearing on a specific date: _____)

Part 3. Accommodation Information

- a. Please describe the impairment(s) for which you are requesting an accommodation:

