

BOARD OF INDUSTRIAL INSURANCE APPEALS
Request for Accommodation

2430 Chandler Court SW
PO Box 42401
Olympia, WA 98504-2401

FAX: 360-586-5611 or 855-586-5611

E-Mail: Accommodation@biia.wa.gov

Request for Accommodation

Request No.:

(Year, Sequential Number)

1. Docket No: _____ Date: _____

Case Name: _____

2. Name of Person Requesting: _____

Address: _____ Phone No.: _____
(Mailing Address) (Area Code, Phone Number)

_____ E-mail: _____
(City, State, Zip Code)

3. I am participating in a proceeding/activity as a (check all that apply):

Party Attorney Witness Other _____

The proceeding is: (Check all that apply)

Hearing Conference Other: _____

In person By telephone

4. List all known dates/times the accommodation(s) will be needed (specify):

5. Please describe the disability for which you are requesting an accommodation.

6. What accommodation are you requesting? Please explain why this specific accommodation is necessary.

7. Please provide any information that would help the BIIA respond to your request.

8. How do you want to be informed of the status of your request for accommodation?

Phone Writing E-mail In person

Other (specify): _____

Date: _____



(Signature of Person Requesting)
