

**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.

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

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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)*

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