APPENDIX A

For Use By Judicial Districts Only

Unified Judicial System of Pennsylvania



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| Americans with Disabilites Act Accommodation (ADA) Title II Request for Reseasonable Accommodation Form  (includes request for interpreter for hearing /speech impaired) |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Client Information – Section A | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | |  | | | | | | | | | | | Phone: | |  | | | | | | |
| Address: | | |  | | | | | | | | | | | Email: | |  | | | | | | |
|  | | |  | | | | | | | | | | | Mobile: | |  | | | | | | |
|  | | | |  | | | | | | | | | |  | |  | | | | | | |
| Please check the box that most closely describes your status in this matter: | | | | | | | | | | | | | | | | | | | |  | | |
| Litigant  Plaintiff  Defendant  Parent  Child  Witness  Attorney  Victim  Juror | | | | | | | | | | | | | | | | | | | | | | |
| Other (please explain) | | | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | |
| Requestor Information *(if different from above)* | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | |  | | | | | | | | | | Bus. Phone/  Mobile: | | |  | | | | | | |
| Address: | | |  | | | | | | | | | | Fax: | | |  | | | | | | |
|  | | |  | | | | | | | | | | Email: | | |  | | | | | | |
| Relationship to Client: | | |  | | | | | | | | | | TTY: | | |  | | | | | | |
|  | | |  | | | | | | | | | |  | | |  | | | | | | |
| Accommodation | | | | | | | | | | | | | | | | | | | | | | |
| Nature of the disability for which an accommodation is requested: | | | | | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Accommodation requested: | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | |
| Location of Proceeding | | | | | | | | | | Proceeding Information *(if known)* | | | | | | | | | | | |
| Magisterial District Court No. | | | | | | | |  | | Case #: | | | | |  | | | | | | |
| District Judge Name: | | | | |  | | | | | Case Name: | | | | |  | | | | | | |
|  | | | | |  | | | | |  | | | | |  | | | | | | |
| Criminal Division  Civil Division  Orphans’ Court Division | | | | | | | | | | Judge: | | | | |  | | | | | | |
| Family Division  Adult  Juvenile | | | | | | | | | | Proceeding  Date: | | | | |  | | | | | Proceeding  Time: |  |
| Specify Address: | | |  | | | | | | | Proceeding  Type: | | | | |  | | | | | | |
|  | | |  | | | | | | |  | | | | |  | | | | | | |
| After completing the form, please send to: County ADA COORDINATOR | | | | | | | | | | | | | | | | | | | | | | |
| **I hereby certify that an Americans with Disabilities Act accommodation is required in the above-captioned action on the date stated.** | | | | | | | | | | | | | | | | | | | | | |
| **S****ignature:** | | |  | | | | | | | | **Date:** | | | |  | | | | | | |
|  | | |  | | | | | | | |  | | | |  | | | | | | |
| FOR OFFICIAL USE ONLY | | | | | | | | | | | | | | | | | | | | | | |
| Service Provider Information - Section B | | | | | | | | | | | | | | | | | | | | | | |
| A service request has been made for the client named above. | | | | | | | | | | | | | | | | | | | | | | |
| Service Provider Company: | | | |  | | | | | | | | | | Fax: | |  | | | | | | |
| Individual Interpreter Name: | | | |  | | | | | | | | | | Email: | |  | | | | | | |
| Bus. Phone/ Mobile: | | | |  | | | | | | | | | | Date to Provider: | |  | | | | | | |
|  | | | | |  | | | | | | | | |  | | |  | | | | | |
| Court Official Verification – Section C | | | | | | | | | | | | | | | | | | | | | | |
| Verifying official shall maintain a copy in the court’s case file and provide the original to the service provider for submission with billing. | | | | | | | | | | | | | | | | | | | | | | |
| I hereby verify that the services were performed by the provider in the above-captioned action on the date and time stated. | | | | | | | | | | | | | | | | | | | | | | |
| Start Date  & Time: | | | |  | | | | | | | End Date  & Time: | | | | |  | | | | | | |
| Court Official: | | | |  | | | | | | | Signature: | | | | |  | | | | | | |
| Title: | | | | *(Please print name)* | | | | | | | Date: | | | | |  | | | | | | |
|  | | | |  | | | | | | |  | | | | |  | | | | | | |
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APPENDIX B

Unified Judicial System of Pennsylvania



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| Americans with Disabilites Act (ADA) Title II  Grievance Form |

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| --- | --- | --- | --- | --- | --- | --- |
| Grievant Information | | | | | | |
| Grievant Name: | |  | | Home Phone (include area code): | |  |
| Address: | |  | | Business Phone (include area code): | |  |
|  | |  | | Mobile Phone  (include area code): | |  |
| Alternative Contact Person (other than Grievant) | | | | | | |
| Name: |  | | | Home Phone  (include area code): | |  |
| Address: |  | | | Business Phone  (include area code): | |  |
|  |  | | | Relationship  To Client: | |  |
| Court Service, Program or Facility Allegedly in Violation | | | | | | |
| Date and Location of Alleged Violation (dd/mm/yyyy) | | | | | | |
| Description of Alleged Violation and Requested Remedy | | | | | | |
| Has this case been filed with the Department of Justice or other government agency or court?        Yes       No | | | | | | |
| **If You Answered “Yes” to the Previous Question, Complete the Following** | | | | | | |
| Agency or Court: | | |  | | Contact Person: |  |
| Address: | | |  | | Phone  (include area code): |  |
|  | | |  | | Date Filed: |  |
| Other Comments | | | | | | |
| Signature:­­­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |