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) |

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| 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 | ProceedingDate: |       | Proceeding Time: |       |
| Specify Address: |       | ProceedingType: |       |
|  |  |  |  |
| 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 IIGrievance 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |