



59TH JUDICIAL DISTRICT OF PENNSYLVANIA
CAMERON AND ELK COUNTIES
UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA

AMERICANS WITH DISABILITIES ACT ACCOMMODATION (ADA) TITLE II REQUEST FOR REASONABLE 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: _____
Relationship to Client: _____ Email: _____
TTY: _____

Accommodation

Nature of the disability for which an accommodation is requested: _____
Accommodation requested: _____

Location of Proceeding	Proceeding Information (if known)
<input type="checkbox"/> Magisterial District Court No. _____ District Judge Name: _____	Case #: _____
<input type="checkbox"/> Criminal Division <input type="checkbox"/> Civil Division <input type="checkbox"/> Orphans' Court Division	Case Name: _____
<input type="checkbox"/> Family Division <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile	Judge: _____
Specify Address: _____	Proceeding Date: _____ Proceeding Time: _____
	Proceeding Type: _____

AFTER COMPLETING THE FORM, PLEASE SEND TO: COURT ADA COORDINATOR, P.O. BOX 416, RIDGWAY, PA 15853

I hereby certify that an Americans with Disabilities Act accommodation is required in the above-captioned action on the date stated.

Signature: _____

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/ Date to _____
Mobile: _____ 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: _____ <i>(Please print name)</i>	Signature: _____
Title: _____	Date: _____