



APPENDIX A
FOR USE BY JUDICIAL DISTRICTS ONLY

THIRTY-FIFTH JUDICIAL DISTRICT 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

Magisterial District Court No.: _____

District Court Judge Name: _____

Common Pleas Court:

Courtroom Number: _____

Specify Address: _____

Proceeding Information (if known)

Case #: _____

Case Name: _____

Judge: _____

Proceeding

Date: _____

Proceeding

Time: _____

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.

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: _____

Signature: _____

(Please print name)

Title: _____

Date: _____