



LANCASTER COUNTY COURT OF COMMON PLEAS

AMERICANS WITH DISABILITIES ACT ACCOMMODATION (ADA) TITLE II REQUEST FOR REASONABLE ACCOMMODATION FORM
(INCLUDES REQUEST FOR INTERPRETER FOR HEARING /SPEECH IMPAIRED)

Page 1 – To Be Completed by Applicant

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 Judge Name: _____
 Criminal Division
 Civil Division
 Orphans' Court Division
 Family Division
 Adult
 Juvenile
Specify Address: _____

Proceeding Information (if known)

Case #: _____
Case Name: _____
Judge: _____
Proceeding Date: _____ Proceeding Time: _____
Proceeding Type: _____

Notification

How would you like to be notified of the status of your request for accommodation?

- Telephone
 Letter
 Email
 Other (Specify): _____

After completing the form, please send to:

Court of Common Pleas ADA Coordinator
Office of District Court Administration
50 N Duke St
PO Box 83480
Lancaster, PA 17608-3480
Voice (717) 299-8041; Relay Service TTY/TDD 711 or (800) 654-5984
FAX (717) 295-3599; Email CourtADACoordinator@co.lancaster.pa.us

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

Signature: _____

Date: _____



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Page 2 – NOTICE OF ACCOMMODATION FOR OFFICIAL USE ONLY

Accommodation Approval – Section B

Date of Notice: _____ Applicant: _____

Date of Service, Court Case, or Proceeding: _____

Case (if applicable): _____

Request for Reasonable Accommodation:

Approved Alternate Accommodation Approved Request Denied

Request for Accommodation was denied based on the following:

Empty box for providing reasons for denial.

Accommodation Information – Section C

Type of Accommodation Approved: _____

Duration of Accommodation: _____

Service Provider Information – Section D

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 E

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:	