



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: _____

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: COURT ADMINISTRATOR, CAMBRIA COUNTY COURTHOUSE, 200 SOUTH CENTER STREET, EBENSBURG, PA 15931 FAX NUMBER: 814-472-8393

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/ 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: _____ (Please print name)

Signature: _____

Title: _____

Date: _____