



FOR USE BY JUDICIAL DISTRICTS ONLY

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

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:

AFTER COMPLETING THE FORM, PLEASE SEND TO: BUCKS COUNTY COURT ADA COORDINATOR, MARY MELLOR, COURT ADMINISTRATION, 2ND FLOOR, BUCKS COUNTY JUSTICE CENTER, 100 NORTH MAIN STREET, DOYLESTOWN, PA 18901 OR VIA FAX: 215-348-6503

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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Service Provider Information - Section B

A SERVICE REQUEST HAS BEEN MADE FOR THE CLIENT NAMED ABOVE. Service Provider Company: Individual Interpreter Name: Bus. Phone/Mobile: Fax: Email: 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: Date: