

18TH JUDICIAL DISTRICT

AMERICANS WITH DISABILITIES ACT (TITLE II) POLICY

The Unified Judicial System of Pennsylvania (UJS) complies with Title II of the Americans with Disabilities Act (ADA) which provides that “no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity”. 42 U.S.C.A. §12132. Pursuant to that requirement, if you are an individual with a disability who needs an accommodation in order to participate in any judicial proceeding or any other service, program, or activity of the UJS, you are entitled, at no cost to you, to the provision of certain assistance. The ADA does not require the 18th Judicial District to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden.

If you require an accommodation under the ADA, it is recommended that you make your request as soon as possible or at least three (3) business days before your scheduled participation in any court proceeding or activity. All requests for accommodation, regardless of timeliness, will be given due consideration and if necessary, may require an interactive process between the requestor and the 18th Judicial District to determine the best course of action.

To request a reasonable accommodation, please complete the *Request for Reasonable Accommodation Form* (Appendix A) and return it to:

Tami M. Kline, Assistant Court Administrator
ADA Coordinator
Clarion County Courthouse
421 Main Street, Suite 34
Clarion, PA 16214
Phone: (814)226-4000 ext. 2102
Fax: (814)226-1097
Email: tkline@co.clarion.pa.us

If you need assistance completing this form, contact the ADA Coordinator. Complaints alleging violations of Title II under the ADA may be filed pursuant to the UJS Grievance Procedure with the ADA Coordinator listed above. A response will be sent to you after careful review of the facts.



APPENDIX A
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 (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: _____

AFTER COMPLETING THE FORM, PLEASE SEND TO: COURT 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: _____
Individual _____

Fax: _____

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: _____
(Please print name)

Signature: _____

Title: _____

Date: _____