



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	Proceeding Information (if known)
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<input type="checkbox"/> Magisterial District Court No.: _____ District Court Judge Name: _____ <input type="checkbox"/> Common Pleas Court: Courtroom Number: _____ Specify Address: _____ _____ _____	Case #: _____ Case Name: _____ Judge: _____ Proceeding Date: _____ Proceeding Time: _____ Proceeding Type: _____
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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: _____

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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: _____ <i>(Please print name)</i>	Signature: _____
Title: _____	Date: _____

THIRTY-FIFTH JUDICIAL DISTRICT OF PENNSYLVANIA
AMERICANS WITH DISABILITIES (TITLE II) ACT GRIEVANCE PROCEDURE

This grievance procedure is established for the prompt resolution of complaints alleging any violation of Title II of the Americans with Disabilities Act (ADA) in the provision of services, programs, or activities by the Thirty-fifth Judicial District of Pennsylvania (Mercer County). If you require a reasonable accommodation to complete this form, or need this form in an alternate format, please contact the ADA coordinator:

Peter A. Morin, District Court Administrator
Third Floor, Mercer County Courthouse
North Diamond Street
Mercer, Pennsylvania 16137
Tel. No. 724 662-3800 ext. 2516

To file a complaint under the Grievance Procedure please take the following steps:

1. Complete the complaint form and return to the ADA Coordinator. Alternative means of filing complaints will be made available for persons with disabilities upon request. The complaint should be submitted as soon as possible but no later than sixty (60) calendar days after the alleged violation.
2. Within fifteen (15) calendar days of receipt of the complaint, the ADA Coordinator will investigate the complaint, including, meeting with the individual seeking an accommodation, either in person or via telephone, to discuss the complaint and the possible resolutions. Within fifteen (15) calendar days of the meeting, the ADA Coordinator will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille, or audio. The response will explain the position of the Thirty-fifth Judicial District of Pennsylvania and offer options for substantive resolution of the complaint.
3. If the response to the complaint does not satisfactorily resolve the issue, the complainant may appeal the decision within fifteen (15) calendar days after receipt of the response to:

President Judge Thomas R. Dobson
Third Floor, Mercer County Courthouse
North Diamond Street
Mercer, Pennsylvania 16137

Within fifteen (15) calendar days after receipt of the appeal, the President Judge will meet with the complainant to discuss the complaint and possible resolutions. Within fifteen (15) calendar days after the meeting, the President Judge will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

This grievance procedure is informal. An individual's participation in this informal process is completely voluntary. Use of this grievance procedure is not a prerequisite to and does not preclude a complainant from pursuing other remedies available under law.

The Pennsylvania Unified Judicial System (UJS) Policy on Non-Discrimination and Equal Employment Opportunity also encompasses disability-related issues and provides complaint procedures for UJS court users. Any employment-related disability discrimination complaints will be governed by the UJS Policy on Nondiscrimination and Equal Employment Opportunity.



APPENDIX B

THIRTY-FIFTH JUDICIAL DISTRICT OF PENNSYLVANIA

**AMERICANS WITH DISABILITIES ACT (ADA) TITLE II
GRIEVANCE FORM**

Grievant Information

Grievant Name: _____	Home Phone (include area code): _____
Address: _____	Business Phone (include area code): _____
	Mobile Phone (include area code): _____

Alternative Contact Person (other than Grievant)

Name: _____	Home Phone (include area code): _____
Address: _____	Business Phone (include area code): _____
	Relationship To Client: _____

Court Service, Program or Facility Allegedly in Violation

Date and Location of Alleged Violation (dd/mm/yyyy)

Description of Alleged Violation and Requested Remedy

Has this case been filed with the Department of Justice or other government agency or court?

Yes No

If You Answered "Yes" to the Previous Question, Complete the Following

Agency or Court: _____	Contact Person: _____
Address: _____	Phone (include area code): _____
	Date Filed: _____

Other Comments

Signature: _____ Date: _____