



## APPENDIX A

### 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

Name of Office: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

##### Proceeding Information (if known)

Case #: \_\_\_\_\_

Case Name: \_\_\_\_\_

Judge: \_\_\_\_\_

Proceeding Date: \_\_\_\_\_

Proceeding Time: \_\_\_\_\_

Proceeding Type: \_\_\_\_\_

AFTER COMPLETING THE FORM, PLEASE SEND TO: 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: \_\_\_\_\_ 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 \_\_\_\_\_ End Date \_\_\_\_\_  
& Time: \_\_\_\_\_ & Time: \_\_\_\_\_

Court Official: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Please print name)

Title: \_\_\_\_\_ Date: \_\_\_\_\_