



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

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: REBECCA L. HUMPHREY ESQ., ADA COORDINATOR, Erie County Court of Common Pleas, 140 West Sixth Street, Room 205, Erie, PA 16501-1030

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/

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

End Date

& Time: \_\_\_\_\_

& Time: \_\_\_\_\_

Court Official: \_\_\_\_\_

Signature: \_\_\_\_\_

(Please print name)

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

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