



**SUSQUEHANNA COUNTY COURTS –  
34<sup>th</sup> JUDICIAL DISTRICT**

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: CATHY E. HAWLEY, ADA COORDINATOR, SUSQUEHANNA COUNTY COURTHOUSE, 31 LAKE AVENUE, P.O. BOX 218, MONTROSE, PA 18801

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: \_\_\_\_\_