



## 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: LORI A. SHELP, LANGUAGE ACCESS COORDINATOR, SUSQUEHANNA COUNTY COURTHOUSE, 105 MAPLE STREET, 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/ 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: _____

