



**SUSQUEHANNA COUNTY COURTS –
34th 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
& Time: _____

End Date
& Time: _____

Court Official: _____
(Please print name)

Signature: _____

Title: _____

Date: _____