



**DAUPHIN COUNTY COURT OF COMMON PLEAS
12TH JUDICIAL DISTRICT
ADA FORM**

**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)
<input type="checkbox"/> Magisterial District Court No. _____ District Judge Name: _____ <input type="checkbox"/> Criminal Division <input type="checkbox"/> Civil Division <input type="checkbox"/> Orphans' Court Division <input type="checkbox"/> Family Division <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile Specify Address: _____	Case #: _____ Case Name: _____ Judge: _____ Proceeding Date: _____ Proceeding Time: _____ Proceeding Type: _____

AFTER COMPLETING THE FORM, PLEASE SEND TO: COURT ADA COORDINATOR, Court Administrator's Office, Dauphin County Courthouse, 3rd Floor, 101 Market Street, Harrisburg, PA 17101

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: _____ Individual Interpreter Name: _____ Bus. Phone/ Mobile: _____	Fax: _____ Email: _____ Date to Provider: _____
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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: _____