



FOR USE BY JUDICIAL DISTRICTS ONLY

LAWRENCE COUNTY COURT OF COMMON PLEAS

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:

LANGUAGE ACCESS COORDINATOR

430 Court St., New Castle, PA 16101 Email: languageaccesscoordinator@LawrenceCountyPA.gov

I hereby certify that an Americans with Disabilities Act accommodation is required in the above-captioned action on the date stated.

Signature: _____

Date: _____

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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: _____

Signature: _____

(Please print name)

Date: _____

Title: _____