



APPENDIX A
14TH JUDICIAL DISTRICT
 ADMINISTRATIVE OFFICE OF FAYETTE COUNTY COURTS
 UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA

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)

Magisterial District Court No. _____
 District Judge Name: _____
 Courtroom: _____ Domestic Relations
 Adult Probation Juvenile Probation Child Custody
 Specify Address: _____

Case #: _____
 Case Name: _____
 Judge: _____
 Proceeding Date: _____ Proceeding Time: _____
 Proceeding Type: _____

AFTER COMPLETING THE FORM, PLEASE SEND TO: ADA COORDINATOR, Administrative Office of Fayette County Courts, Fayette County Courthouse, Third Floor, 61 E. Main St., Uniontown, PA 15401. Telephone 724-430-1230, Fax 724-430-1001. Email: tlfc@faycopa.org

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: _____ Signature: _____
 (Please print name)
 Title: _____ Date: _____