



Lancaster 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)

Page 1 – To Be Completed by Applicant

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 N _____
 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: _____

Notification

How would you like to be notified of the status of your request for accommodation?

- Telephone Letter Email Other (Specify): _____

After completing the form, please send to:

Court of Common Pleas ADA Coordinator
 Office of District Court Administration
 50 N Duke St
 PO Box 83480
 Lancaster, PA 17608-3480
 Voice (717) 299-8041; Relay Service TTY/TDD 711 or (800) 654-5984
 FAX (717) 295-3599; Email CourtADACoordinator@lancastercountypa.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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Page 2 – NOTICE OF ACCOMMODATION FOR OFFICIAL USE ONLY

Accommodation Approval – Section B

Date of Notice:	Applicant:
Date of Service, Court Case, or Proceeding:	
Case (if applicable):	
Request for Reasonable Accommodation:	
<input type="checkbox"/> Approved	<input type="checkbox"/> Alternate Accommodation Approved
<input type="checkbox"/> Request Denied	
Request for Accommodation was denied based on the following:	

Accommodation Information – Section C

Type of Accommodation Approved:
Duration of Accommodation:

Service Provider Information – Section D

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 E

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:	