



**53rd Judicial District
Court of Common Pleas County of Lawrence**

**430 Court Street
New Castle, PA 16101**

724-656-1930

AMERICANS WITH DISABILITIES ACT (TITLE II) POLICY

The Unified Judicial System of Pennsylvania (UJS) and the Court of Common Pleas of Lawrence County, PA comply with Title II of the Americans with Disabilities Act (ADA) which provides that “no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity”. 42 U.S.C.A. §12132. Pursuant to that requirement, if you are an individual with a disability who needs an accommodation in order to participate in any judicial proceeding or any other service, program, or activity of the UJS, you are entitled, at no cost to you, to the provision of certain assistance. The ADA does not require the Lawrence County Court of Common Pleas to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden.

If you require an accommodation under the ADA, it is recommended that you make your request as soon as possible or at least three (3) business days before your scheduled participation in any court proceeding or UJS program or activity. All requests for accommodation, regardless of timeliness, will be given due consideration and if necessary, may require an interactive process between the requestor and the Lawrence County Court of Common Pleas to determine the best course of action.

To request a reasonable accommodation, please complete the *Request for Reasonable Accommodation Form* and return it to:

Lawrence County Court of Common Pleas
ADA Coordinator
430 Court Street
New Castle, PA 16101
Phone: 724-656-1930
Fax: 724-656-2476
Email: ADAcoordinator@LawrenceCountyPA.gov

If you need assistance completing this form, contact the Lawrence County Court ADA Coordinator at the above address, phone number or e-mail. Complaints alleging violations of Title II under the ADA may be filed pursuant to the UJS Grievance Procedure with Butler County Court ADA Coordinator. A response will be sent to you after careful review of the facts.



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

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:

Table with 2 columns: Location of Proceeding and Proceeding Information (if known). Includes checkboxes for court divisions and fields for case details.

AFTER COMPLETING THE FORM, PLEASE SEND TO: COURT ADA COORDINATOR 430 Court St., New Castle, PA 16101 Email: ADAcoordinator@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:

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:

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: Title: Date: