



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:

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:

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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: