AMERICANS WITH DISABILITES 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: _____

_____   Email: _____

Relationship to Client: _____   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. _____	Case #: _____
District Judge Name: _____	Case Name: _____
☐ Criminal Division ☐ Civil Division ☐ Orphans' Court Division	Judge: _____
☐ Family Division ☐ Adult ☐ Juvenile	Proceeding Date: _____ Proceeding Time: _____
Specify Address: _____	Proceeding Type: _____

AFTER COMPLETING THE FORM, PLEASE SEND TO:
COURT ADA Coordinator:
Erie County Court Administrator's Office
140 West 6th Street, Room 204/205, Erie, PA 16504
814-451-6251 (phone), 814-451-6233 (fax)
jrager@eriecountypa.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: _____   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: _____

Save