



ADAMS 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 place a check mark in the box for how you want to be informed of the status of your request.

Please check the box that most describes your status in this matter:

- Plaintiff Defendant Parent Child Witness Attorney Victim Juror
 Other (please explain) _____

Requestor Information - (if different from above) - Section B

Name: _____ Bus.Phone/
Mobile: _____
 Address: _____ Fax: _____
 _____ Email: _____
 Relationship to Client: _____ TTY: _____

Accommodation - Section C

Accommodation Requested: _____

Location of Proceeding - Section D

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, 117 Baltimore Street, 4th Floor, Gettysburg, PA 17325 Phone: (717) 337-9846, Fax: (717) 334-8817, Email: courtadacoordinator@adamscountypa.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 E

Service Provider Company: _____ Fax: _____
 Individual Interpreter Name : _____ Email: _____
 Interpreter Name: _____ Date to Provider: _____
 Bus. Phone _____
 Mobile: _____

Court Official Verification - Section F

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: _____