

FIRST JUDICIAL DISTRICT OF PENNSYLVANIA AMERICANS WITH DISABILITIES ACT (TITLE II) POLICY

The First Judicial District of Pennsylvania (District) complies 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 to participate in any judicial proceeding or any other service, program, or activity of the District, you are entitled, at no cost to you, to the provision of certain assistance. The ADA does not require the First Judicial District of Pennsylvania 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 District 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 First Judicial District of Pennsylvania to determine the best course of action.

To request a reasonable accommodation, please complete the *Request for Reasonable Accommodation Form* and return it to the Lead ADA Coordinator(s) for the FJD. Please call 215-686-2547.

If you need assistance completing this form, contact the Lead ADA Coordinator.

Complaints alleging violations of Title II under the ADA may be filed pursuant to the First Judicial District of Pennsylvania’s **Grievance Procedure** with the below:

**Lead ADA Coordinator
First Judicial District of Pennsylvania
Maria A. Pugliese
234-236 City Hall
Philadelphia, PA 19107
(215)686-2527/48
Maria.Pugliese@courts.phila.gov**

A response will be sent to you after careful review of the facts.



FIRST JUDICIAL DISTRICT OF PENNSYLVANIA

AMERICANS WITH DISABILITIES ACT (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: _____

Location of Proceeding

- Municipal Court** Criminal Civil Traffic
 Court Of Common Pleas
 Trial Division-Criminal Trial Division- Civil Orphans' Court Division
 Family Division Adult Juvenile
 Specify Address: _____

Proceeding Information (if known)

Case #: _____
 Case Name: _____
 Judge: _____
 Proceeding Date: _____ Proceeding Time: _____
 Proceeding Type: _____

AFTER COMPLETING THE FORM, PLEASE SEND TO THE ADA COORDINATOR FOR YOUR COURT, DIVISION OR DEPARTMENT. AN UPDATED LIST IS AVAILABLE ON THE FJD WEBSITE AT: www.courts.phila.gov/ada.asp

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: _____