



ADMINISTRATIVE OFFICE of PENNSYLVANIA COURTS

AMERICANS WITH DISABILITIES ACT ACCOMMODATION (ADA) TITLE II REQUEST FOR REASONABLE ACCOMMODATION FORM
(INCLUDES REQUEST FOR INTERPRETER FOR HEARING /SPEECH IMPAIRED)

Requestor Information - Section A

Name: _____

Phone: _____

Address: _____

Email: _____

Mobile: _____

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

[] Attorney [] Program Participant

[] 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 AOPC Program/Activity

AOPC Program/Activity Information (if known)

Name of Office: _____

AOPC Program/ Activity: _____

Address: _____

AOPC Contact: _____

Date of Event: _____ Time of Event: _____

Program/Activity Type: _____

AFTER COMPLETING THE FORM, PLEASE SEND TO: Marisa Lehr, ADA Coordinator, AOPC, P.O. Box 61260, Harrisburg, PA 17106-1260 marisa.lehr@pacourts.us, 717-231-3300

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 AOPC'S PROGRAM FILES 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: _____

AOPC Official: _____ (Please print name)

Signature: _____

Title: _____

Date: _____