



DAUPHIN COUNTY COURT OF COMMON PLEAS
12TH JUDICIAL DISTRICT
ADA FORM

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: _____

Location of Proceeding	Proceeding Information (if known)
<input type="checkbox"/> Magisterial District Court No. _____ District Judge Name: _____	Case #: _____
<input type="checkbox"/> Criminal Division <input type="checkbox"/> Civil Division <input type="checkbox"/> Orphans' Court Division	Case Name: _____
<input type="checkbox"/> Family Division <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile	Judge: _____
Specify Address: _____	Proceeding Date: _____ Proceeding Time: _____
	Proceeding Type: _____

AFTER COMPLETING THE FORM, PLEASE SEND TO: COUNTY ADA COORDINATOR, Court Administrator's Office, Dauphin County Courthouse, 3rd Floor, 101 Market Street, Harrisburg, PA 17101; or email to ADArequest@dauphincounty.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 CASB 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: _____