53rd Judicial District of Pennsylvania
Administrative Office of Lawrence County Courts

AMERICANS WITH DISABILITIES ACT (TITLE II) POLICY

(INCLUDES REQUEST FOR INTERPRETERS FOR HEARING/SPEECH IMPAIRED)

The Unified Judicial System of Pennsylvania (UJS) 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. §12132. Pursuant to that requirement, if you are an individual with a disability who needs an accommodation in order to participate in any judicial proceeding or any other service, program, or activity of the UJS, you are entitled, at no cost to you, to the provision of certain assistance. The ADA does not require the Fifty-Third Judicial District to take any action that would fundamentally alter the nature of its programs of service, or impose an undue financial or administrative burden.

If you require an accommodation under the ADA, it's 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 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 ADA Coordinator for the Fifty-Third Judicial District to determine the best course of action.

To request a reasonable accommodation, please complete the Request for Reasonable Accommodation Form (Appendix A) and return it to:

Mary Kelly, ADA Coordinator for the Fifty-Third Judicial District
Lawrence County Government Center
430 Court Street
New Castle, Pa 16101. Phone: (724) 656-2192 Fax: (724) 656-2464
E-Mail mkelly@co.lawrence.pa.us

If you need assistance completing this form, contact the ADA Coordinator. Complaints alleging violations of Title II under the ADA may be filed pursuant to the UJS Grievance Procedure with the ADA Coordinator listed. A response will be sent to you after careful review of the facts.

APPENDIX A

FOR USE BY JUDICIAL DISTRICTS ONLY

UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA

AMERICANS WITH DISABILITES ACT ACCOMMODATION (ADA) TITLE II REQUEST FOR RESEASONABLE 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

☐ Magisterial District Court No. _____

District Judge Name: _____

☐ Criminal Division ☐ Civil Division ☐ 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: COUNTY ADA COORDINATOR Mary Kelly

Fifty Third Judicial District, 430 Court Street, New Castle,Pa

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: _____

53rd Judicial District of Pennsylvania
Administrative Office of Lawrence County Courts

Americans with Disabilities (Title II) Act Grievance Procedure

This grievance procedure is established for the prompt resolution of complaints alleging any violation of Title II of the Americans with Disabilities Act (ADA) in the providing of services, programs, or activities by the Unified Judicial System (UJS). If you require a reasonable accommodation to complete this form, or need this form in an alternate format, please contact :

Mary Kelly, ADA Coordinator for the Fifty-Third Judicial District
Lawrence County Government Center
430 Court Street, New Castle, Pa 16101
Phone: (724)656-2192 Fax: (724) 656-2464
E-Mail mkelly@co.lawrence.pa.us.

To file a complaint under the Grievance Procedure please take the following steps:

1. Complete the complaint form and return to the ADA Coordinator for the Fifty-Third Judicial District. Alternative means of filing complaints will be made available for persons with disabilities upon request. Complaints should be submitted as soon as possible but no later than sixty (60) calendar days after the alleged violation.

2. Within fifteen (15) calendar days of receipt of the complaint the ADA Coordinator or designated individual for the Fifty-Third Judicial District will investigate the complaint, including meeting with the individual seeking an accommodation, either in person or via telephone, to discuss the complaint and the possible resolutions. Within fifteen (15) calendar days of the meeting the ADA Coordinator or designated individual will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille, or audio. The response will explain the position of the Lawrence County Court of Common Pleas and offer options for substantive resolution of the complaint.

3. If the response to the complaint does not satisfactorily resolve the issue, the complainant may appeal the decision within fifteen (15) calendar days after receipt of the response to the ADA Coordinator or designated individual. Within fifteen (15) calendar days after receipt of the appeal, the ADA Coordinator or designated individual will meet with the complainant to discuss the complaint and possible resolutions. Within fifteen (15) calendar days after the meeting the

ADA Coordinator or designated individual will respond in writing, and , where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

This grievance procedure is informal. An individual's participation in this informal process is completely voluntary. Use of this grievance procedure is not a prerequisite to and does not preclude a complainant from pursuing other remedies available under law.

The UJS Policy on Non-Discrimination and Equal Employment Opportunity also encompasses disability-related issues and provides complaint procedures for UJS court users. Any employment-related disability discrimination complaints will be governed by the UJS Policy on Nondiscrimination and Equal Employment Opportunity.

UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA

AMERICANS WITH DISABILITES ACT (ADA) TITLE II
GRIEVANCE FORM

Grievant Information

Grievant Name: _____ Home Phone (include area code): _____

Address: _____ Business Phone (include area code): _____

Mobile Phone (include area code):

Alternative Contact Person (other than Grievant)

Name: _____ Home Phone (include area code): _____

Address: _____ Business Phone (include area code): _____

Relationship To Client:

Court Service, Program or Facility Allegedly in Violation

Date and Location of Alleged Violation (dd/mm/yyyy)

Description of Alleged Violation and Requested Remedy

Has this case been filed with the Department of Justice or other government agency or court?

Yes No

If You Answered "Yes" to the Previous Question, Complete the Following

Agency or Court: _____ Contact Person: _____

Address: _____ Phone (include area code): _____

Date Filed:

Other Comments

Signature: _____ Date: _____