

53rd Judicial District

LANGUAGE ACCESS PLAN

Section I. Legal Basis and Purpose

This Language Access Plan (LAP) is the plan for the judicial district to ensure meaningful access to court services for persons with limited English proficiency (LEP) or deaf or hard of hearing in compliance with Title VI of the Civil Rights Act of 1964¹, the Omnibus Crime Control and Safe Streets Act,² the Pennsylvania Interpreter Act,³ and the Administrative Regulations Governing Court Interpreters for Persons With Limited English Proficiency and for Persons Who Are Deaf or Hard of Hearing.⁴ A limited English proficient person is a person who does not speak English as his or her primary language, and who has a limited ability to read, write, speak, or understand English, and therefore may be unable to understand and meaningfully participate in the court process. Although deaf and hard of hearing individuals are covered under the Americans with Disabilities Act (ADA) rather than Title VI of the Civil Rights Act, they have been included in this plan insofar as they relate to the Pennsylvania Interpreter Act and the Administrative Office of Pennsylvania Courts' (AOPC) Interpreter Certification Program Regulations.⁵

The purpose of the plan is to provide a framework for the provision of timely and effective language assistance to LEP persons and deaf and hard of hearing persons who come in contact with the judicial district.

The judicial district has appointed a language access coordinator

Name: Mary Kelly

Title: Language Access Coordinator

to be a contact person for the public, court staff, and the AOPC concerning this plan and its implementation. The language access coordinator may be contacted through

Address: 430 Court Street

New Castle, PA

Phone #: 724-656-2192

Email: mkelly@co.lawrence.pa.us

¹ 42 U.S.C. § 2000d *et seq.*; *see also* 45 C.F.R. § 80 *et seq.*; 28 C.F.R. § 42 *et seq.*

² 42 U.S.C. § 3789d(c)(1).

³ Act 172 of 2006, 42 Pa. Cons. Stat. § 4401, *et seq.*

⁴ 204 Pa. Code § 221.101 *et seq.*

⁵ 204 Pa. Code 221.

Section II. Needs Assessment

A. Statewide Survey

The judicial district will make every effort to provide service to all LEP and deaf or hard of hearing persons in the courts service area. According to the 2010 AOPC survey of the district court administrators of Pennsylvania, the most widely used languages requiring interpreters in Pennsylvania's judicial districts were (number of counties in which the language is used regularly):

1. Spanish (67)
2. American Sign Language (51)
3. Mandarin Chinese (25)
4. Russian (20)
5. Vietnamese (14)
6. Arabic (14)
7. Korean (11)
8. Polish (10)
9. Italian (10)
10. French (10)

B. Judicial District Data

The following list shows the non-English languages, including American Sign Language, ("ASL"), most frequently spoken in this judicial district's physical jurisdiction, based on census data compiled by the Penn State Data Center:

1. Italian
2. Spanish
3. German
4. Other West Germanic languages
5. French

Listed are the 5 most common languages, including ASL, for which interpreters were provided in our district for years 2012 and 2013.

1. American Sign Language
2. Spanish
3. Mandarin
4. Arabic
5. Polish

C. Identification of LEP Persons

Court staff use the following methods to identify LEP persons:

- "I Speak" poster (**Exhibit A**)
- Hand written notes for hearing impaired clients

Section III. Language Assistance Resources

A. Interpreters Used In Judicial Proceedings

The judicial district will offer assistance to LEP and deaf or hard of hearing persons during judicial proceedings by providing foreign language interpreters as required by Title VI of the federal Civil Rights Act, the Pennsylvania Interpreter Act, and its regulations. As defined by the Pennsylvania Interpreter Act, it is "the policy of this Commonwealth to secure the rights, constitutional and otherwise, of persons who because of a non-English speaking cultural background or because of an impairment of hearing or speech are unable to understand or communicate adequately in the English language when they appear in court or are involved in judicial proceedings."⁶ Pursuant to the regulations under Act 172, the Pennsylvania Interpreter Act, specific persons are required to give notice to the court of the need for an interpreter in certain types of cases, but "anyone with knowledge of a principal party in interest, witness or direct victim's need for an interpreter may give notice of that need to the presiding judicial officer or the Appellate Court Prothonotary/District Court Administrator or his or her designee"⁷

The 53rd Judicial District provides interpreters for judicial proceedings in compliance with the rules and policies set forth in the Pennsylvania Interpreter Act and regulations, the AOPC Interpreter Certification Program regulations,⁸ and the Guidelines for the Procurement and Appointment of Interpreters issued by the AOPC. Interpreter request and waiver forms are available on the Interpreter Certification Program page of the UJS website.⁹ Also one may obtain forms on our website for the request form for ASL interpreters at www.co.lawrence.pa.us. (**Exhibit B**) The Pennsylvania Interpreter Certification Program ("ICP") maintains a statewide roster of certified, otherwise qualified, and registered interpreters who may work in the courts, which is available to court staff and the public online.¹⁰ The Judicial Districts must give preference to the appointment of a certified interpreter, unless a certified interpreter is not available.

The court may appoint otherwise qualified interpreters when certified interpreters are unavailable. Otherwise qualified interpreters should be selected from the statewide roster. If the Judicial District is unable to locate a certified, otherwise qualified or registered interpreter on the statewide roster, then the Judicial District should contact AOPC ICP staff for guidance.

⁶ 42 Pa. Cons. Stat. § 4401.

⁷ 204 Pa. Code §221.201(a)(4).

⁸ 204 Pa. Code §221.

⁹ <http://www.pacourts.us/judicial-administration/court-programs/interpreter-program>

¹⁰ <http://www.pacourts.us/judicial-administration/court-programs/interpreter-program/interpreter-roster>

B. Language Services Beyond Judicial Proceedings

The judicial district is also responsible for taking reasonable steps to ensure that LEP persons have meaningful access to all court services, once LEP court users as been identified using the resources listed in section II(C), above. This is one of the most challenging situations facing court staff, because in most situations they will encounter LEP persons without an interpreter present. LEP persons may come in contact with court personnel via:

- Telephone
- Security Screening
- Counter
- Information desk
- Law Library
- Protection From Abuse Office

Court staff will provide the following language assistance services in the situations listed directly above:

- Telephonic Interpretation Service (www.LanguageLine.com)
- ASL Professional Services (www.slipasl.com)
- Professional Language Services (www.LanguagesbyNicole.com)

C. Forms & Documents

1. Statewide - The Administrative Office of Pennsylvania Courts (AOPC) makes select translated forms available to the courts on its website.¹¹

2. Judicial District - The 53rd Judicial District recognizes the importance of translating vital forms and documents so that LEP individuals have equal access to court services. To ensure consistency in the translation of vital documents and forms, the 53rd Judicial District follows the guidelines established in the National Center for State Courts' Guide to Translation Practices.¹² Additional translated forms available to court users include:

Translated documents:

- Bilingual PFA Forms used in obtaining a PFA Order
- Bilingual Criminal Protective Orders

¹¹ <http://www.pacourts.us/forms/for-the-judiciary/>.

¹² <http://www.ncsc.org/education-and-careers/state-interpretor-certification/-/media/files/pdf/education%20and%20careers/state%20interpretor%20certification/guide%20to%20translation%20practices%206-14-11.ashx>.

Documents you intend to translate:

- Criminal Continuance
- Civil Continuance
- Waiver of Arraignment
- Guilty Plea Colloquy
- No Contest Plea Colloquy

D. Other Provisions

In an effort to provide LEP persons language access to court information, the judicial district also provides the following (**Exhibit C**):

- Interpreter Request Notice-Magisterial District Judge
- Interpreter Request Notice-Criminal
- Interpreter Request Notice - Civil/Family
- Interpreter Waiver Form
- Language Access Grievance Procedure and form in English and Spanish

Section IV. Training

The judicial district will work with the AOPC to ensure that all employees are trained on LEP policy and procedure. Judicial district staff will attend training to assist them to: identify and respond to LEP persons, increase awareness of the types of language services available, guide when and how to access those services, and effectively use language services. New employees, especially those who will have regular contact with the public, will be required to attend language access training.

Judicial district staff will attend and county clerks will be offered the following training regarding language access:

- Periodic training for new judicial district staff
- Periodic training for employees who have frequent contact with the public
- Access to Request forms for clients of Language Barriers

Section V. Public Notification and Evaluation of Language Access Plan

A. Language Access Plan Approval and Notification

The judicial district's LAP has been approved by the AOPC. The judicial district will post its LAP on its public website and/or public notification area within the courthouse and will make copies of the LAP

available upon request. In addition, copies of the plan have been provided to all identifiable stakeholders in the LEP and deaf/hard of hearing communities, including but not limited to: the District Attorneys' Office, the Public Defenders' Office, and the local legal aid office.

The judicial district consulted with the following members of the community in creating its LAP:

- County Government Offices
- Department of Public Welfare Office (www.compass.state.pa.us)
- Lawrence County Schools

B. Evaluation and Review of the LAP

The judicial district will review this LAP six months from its inception, and biennially thereafter to assess whether the LAP needs updating. The LAP will remain in effect unless modified or updated. Review of the following areas may indicate a need to update the LAP:

- Increase in number of LEP and deaf or hard of hearing persons requesting court interpreters or language assistance
- Funding provided or available for languages services
- Current language needs to determine if additional services or translated materials should be provided
- Feedback from LEP and deaf or hard of hearing communities and stakeholders within the judicial district
- Court staff (turnover, new hires, etc.)
- Feedback from trainings provided by the judicial district or AOPC
- Viability of identified language services and resources
- Problem areas and corrective action strategies
- Updated census data

The language access coordinator for this judicial district ensures this plan is followed, advises the court on potential updates to this plan, and coordinates provision of language access services for the judicial district as they arise. The name and contact information of the language access coordinator is: Mary Kelly 430 Court Street, New Castle, PA 16101. The judicial district will notify the AOPC of any changes to the language access coordinator's contact information, or if a new language access coordinator is named. Any revisions to the language access plan will be communicated to all court personnel, and an updated version of the plan will be posted on the court's website and in a public notification area in the courthouse, as well as distributed to all relevant stakeholders.

Section VI. Grievance Procedure

Any LEP, deaf or hard of hearing individual has the right to file a complaint against the 53rd Judicial District when he or she believes that the 53rd Judicial District did not provide the necessary LEP or sign language services. The Language Access Coordinator shall take reasonable steps to inform LEP, deaf or hard of hearing court users about the availability of complaint forms.

The Language Access Coordinator shall:

- Utilize the attached complaint procedure and form (**Exhibit D**)
- Publish and make the complaint procedure and form readily available
- Post the complaint procedure prominently in the court facilities and on the court's website

All complaints regarding this LAP should be forwarded to:

Name: Mary Kelly

Language Access Coordinator

53rd Judicial District

Street Address: 430 Court Street

City, State, Zip: New Castle, PA 16101

Phone Number: 724-656-2192

Fax Number: 724-656-2464

Email Address: mkelly@co.lawrence.pa.us

The Language Access Coordinator or his/her designee will investigate any complaints that allege noncompliance with this LAP. If the investigation results in a finding of compliance, the Language Access Coordinator will inform the LEP individual in writing of this determination, including the basis for determination. If the investigation results in a finding of noncompliance, the Language Access Coordinator will inform the LEP person of the noncompliance in a letter that outlines the steps that will be taken to correct the noncompliance.

Effective Date: 12-16-14

Date: 12-15-14 Language Access Coordinator Signature: Mary G. Kelly

Date: 12/16/14 President Judge Signature: D. Michael P.

EXHIBIT

A



Interpretation Service Available

English Translation: Point to your language. An interpreter will be called. The interpreter is provided at no cost to you.

<p>Arabic عربي </p> <p>أشر إلى لغتك. وسوف يتم جلب مترجم فوري لك. سيتم تأمين المترجم الفوري مجاناً.</p>	<p>Korean 한국어 </p> <p>귀하께서 사용하는 언어를 지적하시면 해당 언어 통역 서비스를 무료로 제공해 드립니다.</p>
<p>Armenian Հայերէն </p> <p>Ցոյց տուէք ո՞ր լեզուն կը խօսիք՝ Թարգմանիչ ձև կանչել կը տամք. Թարգմանիչը կը տրամադրուի անվճար.</p>	<p>Laotian ພາສາລາວ </p> <p>ຂໍ້ບອກພາສາທີ່ເຈົ້າເວົ້າໄດ້. ພວກເຮົາຈະຕິດຕໍ່ນາຍພາສາໃຫ້. ທ່ານບໍ່ຕ້ອງເສຍເງິນຄ່າແປໃຫ້ແກ່ນາຍແປພາສາ.</p>
<p>Cantonese 廣東話 </p> <p>請指認您的語言，以便為您提供免費的傳譯服務。</p>	<p>Mandarin 國語 </p> <p>請指認您的語言，以便為您提供免費的口譯服務。</p>
<p>French Français </p> <p>Pointez vers votre langue et on appellera un interprète qui vous sera fourni gratuitement.</p>	<p>Polish Polski </p> <p>Proszę wskazać swój język i wezwiemy tłumacza. Tłumacza zapewnimy bezpłatnie.</p>
<p>German Deutsch </p> <p>Zeigen Sie auf Ihre Sprache. Ein Dolmetscher wird gerufen. Der Dolmetscher ist für Sie kostenlos.</p>	<p>Portuguese Português </p> <p>Indique o seu idioma. Um intérprete será chamado. A interpretação é fornecida sem qualquer custo para você.</p>
<p>Hindi हिंदी </p> <p>अपनी भाषा पर इंगित करें और एक दुभाषिया बुलाया जाएगा। दुभाषिये का प्रबन्ध आप पर बिना किसी खर्च के किया जाता है।</p>	<p>Russian Русский </p> <p>Укажите язык, на котором вы говорите. Вам вызовут переводчика. Услуги переводчика предоставляются бесплатно.</p>
<p>Hmong Hmoob </p> <p>Taw rau koj hom lus. Yuav hu rau ib tug neeg txhais lus. Yuav muaj neeg txhais lus yam uas koj tsis tau them dab tsi.</p>	<p>Spanish Español </p> <p>Señale su idioma y llamaremos a un intérprete. El servicio es gratuito.</p>
<p>Italian Italiano </p> <p>Puntare sulla propria lingua. Un interprete sarà chiamato. Il servizio è gratuito.</p>	<p>Tagalog Tagalog </p> <p>Ituro po ang inyong wika. Isang tagasalin ang ipagkakaloob nang libre sa inyo.</p>
<p>Japanese 日本語 </p> <p>あなたの話す言語を指して下さい。無料で通訳を提供します。</p>	<p>Thai ไทย </p> <p>ช่วยชี้ที่ภาษาที่ท่านพูด แล้วเราจะจัดหาสามให้ท่าน การใช้สามไม่ต้องเสียค่าใช้จ่าย</p>
<p>Khmer (Cambodian) ខ្មែរ (កម្ពុជា) </p> <p>សូមចងចាំភាសាអ្នក។ យើងនឹងហៅអ្នកបកប្រែភាសាមកជូន។ អ្នកបកប្រែភាសានឹងជួយអ្នកដោយមិនគិតថ្លៃ។</p>	<p>Vietnamese Tiếng Việt </p> <p>Hãy chỉ vào ngôn ngữ của quý vị. Một thông dịch viên sẽ được gọi đến, quý vị sẽ không phải trả tiền cho thông dịch viên.</p>

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EXHIBIT

B



APPENDIX A
FOR USE BY JUDICIAL DISTRICTS ONLY

UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA

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)

- Magisterial District Court No. _____
 District Judge Name: _____
 Criminal Division Civil Division Orphans' Court Division
 Family Division Adult Juvenile
 Specify Address: _____

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

AFTER COMPLETING THE FORM, PLEASE SEND TO: COUNTY ADA COORDINATOR

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: _____



APPENDIX B

THIRTY-FIFTH JUDICIAL DISTRICT OF PENNSYLVANIA

AMERICANS WITH DISABILITIES 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: _____

EXHIBIT

C

In the Court of Common Pleas of _____ County

Commonwealth of Pennsylvania

:
:
:
:
:
:
:

Case number: _____

vs.

Defendant

Interpreter Request Notice – Criminal

Interpreter services are hereby requested in the above captioned matter as follows:

Hearing Date: _____ Time: _____ Courtroom: _____

Location: _____ Type of case: _____

Name of person requiring the interpreter: _____

Relationship to case: Defendant Victim Witness Juvenile

Parent/Person *in loco parentis* other: _____

Language (*choose foreign or deaf and provide requested information*):

Foreign language spoken: _____ Dialect (if applicable): _____

Deaf/hard of hearing: American Sign Language other non-ASL type: _____

Country of origin: _____ Region/Province (if known): _____

Please give a brief description of any particular condition which may affect or limit the communication skills of the person for whom the interpreter is requested:

Print Requestor's Name

Phone

Date

Requestor's Signature

Title

In the Court of Common Pleas of _____ County

Plaintiff/Petitioner

:
:
:
:
:
:
:

Case number: _____

vs.

Defendant/Respondent

Interpreter Request Notice – Civil/Family

Interpreter services are hereby requested in the above captioned matter as follows:

Hearing Date: _____ Time: _____ Courtroom: _____

Location: _____ Type of case: _____

Name of person requiring the interpreter: _____

Relationship to case: Defendant/Respondent Plaintiff/Petitioner Witness Child

Parent/Person *in loco parentis* other: _____

Language (*choose foreign or deaf and provide requested information*):

Foreign language spoken: _____ Dialect (if applicable): _____

Deaf/hard of hearing: American Sign Language other non-ASL type: _____

Country of origin: _____ Region/Province (if known): _____

Please give a brief description of any particular condition which may affect or limit the communication skills of the person for whom the interpreter is requested:

Print Requestor's Name

Phone

Date

Requestor's Signature

Title

EXHIBIT

D

**53rd Judicial District
Language Access Plan
Attachment A - Complaint Procedure and Form**

Should a court client/customer feel that his/her rights to meaningful language access have not been met by the Court, the following procedure may be followed to register a complaint:

1. The person with the complaint (the complainant) should contact the 53rd Judicial District Language Access Coordinator to report the complaint by completing and submitting the attached Language Access Complaint Form.

Contact information: [Name and contact information, including address, telephone number, fax, and email address, for judicial district's language access coordinator.]

2. If the complainant does not believe that their concerns have been adequately addressed or resolved with the 53rd Judicial District language access coordinator, the complainant should contact the Coordinator for Court Access at the Administrative Office of the Pennsylvania Courts, (AOPC).

Contact information: Mary Vilter, Esq., 1515 Market Street, Suite 1414, Philadelphia, PA 19102, phone: 215.560.6300, fax: 215.560.5485, mary.vilter@pacourts.us.

3. The complainant may also, at any time in this process, contact the United States Department of Justice.

Contact information: Federal Coordination and Compliance Section, Civil Rights Division, United States Department of Justice, 950 Pennsylvania Avenue NW, Washington, D.C. 20530, (888) 848-5306 or (202) 307-2678 (TDD).

**53rd Judicial District
Language Access Plan
Attachment A - Complaint Procedure and Form**

**53rd Judicial District
Language Access Complaint Form**

The 53rd Judicial District is committed to providing services to all members of the community it serves, regardless of their ability to speak English, in compliance with Title VI of the Civil Rights Act of 1964, PA Act 172 of 2006, and the Regulations Governing Court Interpreters implemented by the Pennsylvania Supreme Court. If you feel you have been denied services because of the language you speak, please complete this form and bring it or send it to the court as indicated.

The following information is necessary to assist us in processing your complaint. Should you require assistance in completing this form, please contact the 53rd Judicial District at [contact information of language access coordinator for judicial district]:

Name: Mary Kelly
Language Access Coordinator
53rd Judicial District
Street Address: 430 Court Street
City/State/Zip: New Castle, PA 16101
Phone: 724-656-2192 Fax: 724-656-2464
Email: mkelly@co.lawrence.pa.us

1. Name of person filing complaint (the complainant):
2. What language do you prefer to communicate in:
3. Complainant's Address:
4. Complainant's Contact Information: Home Phone: Work Phone: Mobile Phone: E-mail:

**53rd Judicial District
Language Access Plan
Attachment A - Complaint Procedure and Form**

5. If you are filing on behalf of another person, please include your name, address, phone number, and relation to the complainant:

Name: _____

Address: _____

Phone: _____

E-mail: _____

Relationship to Complainant: _____

6. Please provide the following information about where and when your rights to language access were not met.

Please write the date and time when you were at the courthouse.

Date _____ Time _____

Did you request language assistance? Yes No

What was your business in the courthouse on that day?

Were you in a courtroom when you felt that your language access rights were not met? Yes No

If you were in a courtroom, please provide as much of the following information as possible:

Name of your case _____

Case number _____

Courtroom number _____

Judge's name _____

If you had an interpreter, write the interpreter's name here:

What was the interpreter's language _____

If you were not in a courtroom when you felt that your language access rights were not met, where in the courthouse were you?

(For example, was it a clerk's counter, information counter? Somewhere else in the courthouse?) Please write where in the courthouse the event took place.

**53rd Judicial District
Language Access Plan
Attachment A - Complaint Procedure and Form**

Do you know the name of the employee who handled your case? If so write it here _____

Did the employee handling your case offer to provide some form of language assistance? Yes No

If yes, what language assistance was offered? (For example, obtaining an interpreter, printed information or documents in your language, etc.):

7. Please describe, in your own words, in what way you believe that your rights to language access were not met and whom you believe was responsible. Please use the back of this form or additional pages as needed.

8. Please sign below:

Signature _____

Date Signed _____

Return this form to:

Language Access Coordinator
53rd Judicial District

Address: _____

53rd Distrito Judicial
Plan de Acceso Lingüístico
Anexo A - Procedimiento y Formulario para Presentar Quejas

En caso de que un cliente del Tribunal considere que el Tribunal no ha respetado sus derechos a tener acceso a servicios lingüísticos adecuados, podrá seguir el siguiente procedimiento para presentar una queja:

1. La persona que tiene la queja (el reclamante) debe comunicarse con el Coordinador del Plan de Acceso Lingüístico (a partir de aquí denominado LAP, por sus siglas en inglés) del 53rd Distrito Judicial para presentar su queja, para lo cual deberá llenar y entregar el Formulario de Quejas Sobre Acceso a Servicios Lingüísticos adjunto.

Información de contacto: [Name and contact information, including address, telephone number, fax, and email address, for the judicial district's language access coordinator.]

2. Si el reclamante cree que sus inquietudes o quejas no han sido resueltas o tratadas adecuadamente por el Coordinador del LAP del 53rd Distrito Judicial, el reclamante deberá comunicarse con el Coordinador de Acceso a Tribunales de la Oficina de Administración de Tribunales de Pennsylvania (AOPC, por sus siglas en inglés).

Información de contacto: Mary Vilter, Esq., 1515 Market Street, Suite 1414, Philadelphia, PA 19102, phone: 215.560.6300, fax: 215.560.5485, mary.vilter@pacourts.us.

3. El reclamante también puede comunicarse con el Departamento de Justicia de los Estados Unidos, en cualquier etapa durante el proceso.

Información de contacto: Federal Coordination and Compliance Section, Civil Rights Division, United States Department of Justice, 950 Pennsylvania Avenue NW, Washington, D.C. 20530; (888) 848-5306 o (202) 307-2678 (TDD).

53rd Distrito Judicial
Plan de Acceso Lingüístico
Anexo A - Procedimiento y Formulario para Presentar Quejas

53rd Distrito Judicial
Formulario de Quejas Sobre Acceso a Servicios Lingüísticos

El 53rd Distrito Judicial está comprometido a proveer servicios a todos los integrantes de la comunidad a la cual sirve, sin importar su capacidad para hablar inglés, en cumplimiento del Título VI de la Ley de Derechos Civiles de 1964, la Ley 172 de 2006 de Pennsylvania y los Reglamentos para Intérpretes Judiciales implementados por la Tribunal Supremo de Pennsylvania. Si usted cree que le han negado servicios debido al idioma en el cual usted prefiere comunicarse, favor de llenar este formulario y llévelo o envíelo al tribunal según indicado.

La información que le pedimos a continuación es necesaria para ayudarnos a procesar su queja. Si necesita ayuda para llenar este formulario, por favor comuníquese con nosotros en: 53rd Distrito Judicial,

Mary Kelly
430 Court Street
New Castle, PA 16101
Phone: 724-656-2192
Fax: 724-656-2464
Email: mkelly@co.lawrence.pa.us

1. Nombre de la persona que presenta la queja (el reclamante):
2. ¿En qué idioma prefiere comunicarse?
3. Dirección del reclamante:
4. Información de contacto del reclamante: Teléfono de la casa: _____ Teléfono del trabajo: _____ Teléfono celular: _____ Correo electrónico: _____
5. Si está presentando la queja en nombre de otra persona, por favor incluya

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su nombre, dirección, número de teléfono y parentesco con el reclamante:

Nombre: _____
Dirección: _____
Teléfono: _____
Correo electrónico: _____
Parentesco con el reclamante: _____

6. Por favor provea la siguiente información sobre cuando y donde usted cree que sus derechos a tener acceso lingüístico no fueron respetados.

Favor de escribir la fecha y hora en que usted estuvo en el tribunal.

Fecha: _____ Hora: _____

¿Solicito usted ayuda en su idioma? Sí No

¿Qué asunto o gestión lo llevo usted al tribunal ese día?

¿Estaba usted en una sala de corte cuando usted creé que sus derechos a tener acceso lingüístico no fueron respetados? Sí No

Si usted estaba en una sala de corte, por favor provea tanta de la siguiente información como sea posible:

Nombre de su caso: _____
Número de caso: _____
Número de sala: _____
Nombre del juez: _____

Si se le proveyó un intérprete, escriba el nombre del intérprete aquí:

¿Qué idioma hablaba el intérprete? _____

Si no estaba en una sala de corte cuando usted creé que sus derechos a tener acceso lingüístico no fueron respetados, ¿dónde en el tribunal estaba usted? (Por ejemplo, estaba en el mostrador del secretario del tribunal, mostrador de información, o alguna otra oficina del tribunal).

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Por favor escriba dónde en el tribunal sucedió el incidente.

¿Sabe el nombre del empleado que atendió su caso? Escribalo aquí si lo sabe: _____

¿Le ofreció el empleado que le atendió algún tipo de ayuda en su idioma? Sí No

Si lo hizo, ¿qué tipo de ayuda le ofreció? (Por ejemplo, obtener un intérprete, información impresa o documentos en su idioma, etc.):

7. Por favor describa, en sus propias palabras, de qué manera usted cree que no se han respetado sus derechos a tener acceso lingüístico y quién cree usted que fue responsable de ello. Por favor, use el reverso de este formulario o páginas adicionales si fuera necesario.

8. Por favor firme a continuación:

Firma: _____

Fecha en que se firma: _____

Envíe este formulario a:

Mary Kelly
Language Access Coordinator
mkelly@co.lawrence.pa.us

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