

AMERICANS WITH DISABILITIES ACT (TITLE II) POLICY
MONTGOMERY COUNTY COURT OF COMMON PLEAS

The Unified Judicial System of Pennsylvania (UJS), of which the Montgomery County Court of Common Pleas is a part, 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 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 Montgomery County Court of Common Pleas 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 UJS 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 Montgomery County Court of Common Pleas 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:

Shannon S. Santos, ADA Coordinator
Court Administration
P.O. Box 311
Norristown, PA 19404
ssantos@montcopa.org
610-278-5936 (phone)
610-278-1233 (fax)

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, Shannon S. Santos. 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 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:	
<input type="checkbox"/> Litigant <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Witness <input type="checkbox"/> Attorney <input type="checkbox"/> Victim <input type="checkbox"/> Juror	
<input type="checkbox"/> 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	
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	
<small>A SERVICE REQUEST HAS BEEN MADE FOR THE CLIENT NAMED ABOVE.</small>	
Service Provider Company: _____	Fax: _____
Individual Interpreter Name: _____	Email: _____
Bus. Phone: _____	Date to Provider: _____
Mobile: _____	
Court Official Verification – Section C	
<small>VERIFYING OFFICIAL SHALL MAINTAIN A COPY IN THE COURT'S CASE FILE AND PROVIDE THE ORIGINAL TO THE SERVICE PROVIDER FOR SUBMISSION WITH BILLING.</small>	
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: _____
<small>(Please print name)</small>	
Title: _____	Date: _____