

AMERICANS WITH DISABILITIES ACT (TITLE II) POLICY

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.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 Bucks County Courts 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 Bucks County Court System to determine the best course of action.

To request a reasonable accommodation, please complete the *Request for Reasonable Accommodation Form* and return it to:

Kelly Fallon, Court ADA Coordinator
Office of Court Administration
2nd Floor
100 North Main Street
Doylestown, Pennsylvania 18901
215-348-6700
Fax: 215-348-6503

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 Kelly Fallon, Court ADA Coordinator. A response will be sent to you after careful review of the facts.



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. _____ Case #: _____
District Judge Name: _____ Case Name: _____
[] Criminal Division [] Civil Division [] Orphans' Court Division Judge: _____
[] Family Division [] Adult [] Juvenile Proceeding Date: _____ Proceeding Time: _____
Specify Address: _____ Proceeding Type: _____

AFTER COMPLETING THE FORM, PLEASE SEND TO: BUCKS COUNTY COURT ADA COORDINATOR, KELLY FALLON, COURT ADMINISTRATION, 2ND FLOOR, BUCKS COUNTY JUSTICE CENTER, DOYLESTOWN, PA 18901 OR VIA EMAIL: KJFALLON@BUCKSCOUNTY.ORG. FOR SIGN LANGUAGE/INTERPRETER REQUESTS, PLEASE EMAIL REQUESTANINTERPRETER@BUCKSCOUNTY.ORG

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/ Date to Mobile: _____ 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: _____
Title: _____ Date: _____