



**APPENDIX A**  
**FOR USE BY JUDICIAL DISTRICTS ONLY**  
**UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA**

**AMERICANS WITH DISABILITIES ACT ACCOMMODATION (ADA) TITLE II REQUEST FOR 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: _____ <input type="checkbox"/> Criminal Division <input type="checkbox"/> Civil Division <input type="checkbox"/> Orphans' Court Division <input type="checkbox"/> Family Division <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile Specify Address: _____	Case #: _____ Case Name: _____ Judge: _____ Proceeding _____ Proceeding _____ Date: _____ Time: _____ Proceeding _____ Type: _____

**AFTER COMPLETING THE FORM, PLEASE SEND TO:** Court Scheduling at [courtscheduling@lyco.org](mailto:courtscheduling@lyco.org), or by mail to 48 West Third Street, Williamsport, PA 17701, or by fax to 570-327-2293

**I hereby certify that an Americans with Disabilities Act accommodation is required in the above-captioned action on the date stated.**  
 Name: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

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 \_\_\_\_\_ End Date \_\_\_\_\_  
 & Time: \_\_\_\_\_ & Time: \_\_\_\_\_

Court Official: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Please print name)

Title: \_\_\_\_\_ Date: \_\_\_\_\_