



ADAMS COUNTY COURT OF COMMON PLEAS

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 place a check mark in the box for how you want to be informed of the status of your request.

Please check the box that most describes your status in this matter:

- Plaintiff
 Defendant
 Parent
 Child
 Witness
 Attorney
 Victim
 Juror
 Other (please explain) _____

Requestor Information - (if different from above) - Section B

Name: _____

Bus. Phone/
Mobile: _____

Address: _____

Fax: _____

Email: _____

Relationship to Client: _____

TTY: _____

Accommodation - Section C

Accommodation Requested: _____

Location of Proceeding - Section D

Proceeding Information (if known)

Magisterial District Court No. _____
 District Judge Name: _____

Case #: _____

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: COURT ADA COORDINATOR, 117 Baltimore Street, 4th Floor, Gettysburg, PA 17325
Phone: (717) 337-9846, Fax: (717) 334-8817, Email: courtadacoordinator@adamscounty.us**

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 E

Service Provider
Company: _____

Fax: _____

Individual
Interpreter Name : _____

Email: _____

Interpreter Name: _____

Date to
Provider: _____

Bus. Phone
Mobile: _____

Court Official Verification - Section F

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: _____
(Please print name)

Signature: _____

Title: _____

Date: _____