



CARBON 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 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: _____

Call 570-325-8556 for questions and assistance completing this form. Send the completed form to: ADA Coordinator and/or District Court Administrator, Carbon County Courthouse, 4 Broadway, PO Box 131 Jim Thorpe, PA 18229, or by fax to 570-325-9449, or by email to info@carboncourts.com.

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: _____
Title: _____ Date: _____