

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

IN RE: ADOPTION OF THE CLEARFIELD :
COUNTY POLICY AS TO REASONABLE :
ACCOMMODATIONS UNDER TITLE II : NO. CP-17-MD- -2014
OF THE AMERICANS WITH DISABILITIES :
ACT :

ADMINISTRATIVE ORDER

NOW, this _____ day of September, 2014, the Court of Common Pleas of Clearfield County (46th Judicial District) in consideration of the policy of the Unified Judicial System to prohibit discrimination against any individual with a disability, as defined by the Americans with Disabilities Act, 42 U.S.C.A. Section 12131 et seq. in accessing or participating in judicial proceedings or other services, programs, or activities of the Unified Judicial System and the Pennsylvania Rules of Judicial Administration, it the ORDER of this Court that the attached policy be and is hereby adopted as the Clearfield County (46th Judicial District) Policy as to Reasonable Accommodations Under Title II of the Americans with Disabilities Act.

BY THE COURT:

FREDRIC J. AMMERMAN
PRESIDENT JUDGE

AMERICANS WITH DISABILITIES ACT (TITLE II) POLICY

I. REQUEST PROCEDURE

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. Section 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 Court of Common Pleas of Clearfield County to take 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 Court of Common Pleas of Clearfield County 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 the ADA Coordinator: F. Cortez Bell, III, Esquire, Clearfield County Court Administrator, Clearfield County

**Courthouse, 230 East Market Street, Suite 228, Clearfield, Pennsylvania 16830.
Telephone Number (814) 765-2641 Ext. 2097 and/or FAX (814) 765-7649 and/or
e-mail address of fbell@clearfieldco.org .**

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 F. Cortez Bell, III, Esquire, Clearfield County Court
Administrator, Clearfield County Courthouse, 230 East Market Street, Suite 228,
Clearfield, Pennsylvania 16830. Telephone Number (814) 765-2641 Ext. 2097
and/or FAX (814) 765-7649 and/or e-mail address of fbell@clearfieldco.org .**

A response will be sent to you after careful review of the facts.

II. GRIEVANCE PROCEDURE

**This grievance procedure is established for the prompt resolution of complaints
alleging any violation of Title II of the Americans with Disabilities Act (ADA) in the
provision of services, programs, or activities by the United Judicial System (UJS).**

**If you require a reasonable accommodation to complete this form, or need this form
in an alternate format, please contact F. Cortez Bell, III, Esquire, the ADA coordinator,
at the Clearfield County Courthouse, 230 East Market Street, Suite 228, Clearfield,
Pennsylvania 16830. Telephone Number (814) 765-2641 Ext. 2097 and/or FAX
(814) 765-7649 and/or e-mail address of fbell@clearfieldco.org .**

**To file a complaint under the Grievance Procedure please take the following
steps:**

- 1. Complete the Grievance Form (Appendix B) and return the same to the ADA**

Coordinator, F. Cortez Bell, III, Esquire, Clearfield County Court Administrator, Clearfield County Courthouse, 230 East Market Street, Suite 228, Clearfield, Pennsylvania 16830. Telephone Number (814) 765-2641 Ext. 2097 and/or FAX (814) 765-7649 and/or e-mail address of fbell@clearfieldco.org . Alternate means of filing complaints will be made available for persons with disabilities upon request. The complaint should be submitted as soon as possible but no later than sixty (60) calendar days after the alleged violation.

2. Within fifteen (15) calendar days of receipt of the complaint, the ADA Coordinator F. Cortez Bell, III, Esquire, will investigate the complaint, including meeting with the individual seeking accommodation, either in person or via telephone to discuss the complaint and the possible resolutions. Within fifteen (15) calendar days of the meeting, ADA Coordinator F. Cortez Bell, III, Esquire will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille, or audio. The response will explain the position of the Court of Common Pleas of Clearfield County and offer options for substantive resolution of the complaint.

3. If the response to the complaint does not satisfactorily resolve the issue, the complainant may appeal the decision within fifteen (15) calendar days after receipt of the response to the President Judge of Clearfield County, Frederic J. Ammerman. Within fifteen (15) calendar days after receipt of the appeal, Judge Ammerman will meet with the complainant to discuss the complaint and possible resolutions. Within fifteen (15) days after the meeting, President Judge

Ammerman will respond in writing, and where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

This grievance procedure is informal. An individual's participation in this informal process is completely voluntary. Use of this grievance procedure is not a prerequisite to and does not preclude a complainant from pursuing other remedies available under the law.

The UJS Policy on Non-Discrimination and Equal Employment Opportunity also encompasses disability issues and provides complaint procedures for UJS users. Any employment-related disability discrimination complaints will be governed by UJS Policy on Nondiscrimination and Equal Employment Opportunity.



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:

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

Requestor Information (if different from above)

Name: _____ Bus. Phone: _____
 Address: _____ Mobile: _____
 Relationship to Client: _____ Fax: _____
 _____ 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. _____
 District Judge Name: _____
 Criminal Division Civil Division Orphans' Court Division
 Family Division Adult Juvenile
 Specify Address: _____

Case #: _____
 Case Name: _____
 Judge: _____
 Proceeding Date: _____ Proceeding Time: _____
 Proceeding Type: _____

AFTER COMPLETING THE FORM, PLEASE SEND TO: COURT ADA COORDINATOR, F. Cortez Bell, III
 Clearfield County Courthouse 230 East Market St. Suite 228 Clearfield, Pa. 16830

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: _____
 (Please print name)

Signature: _____

Title: _____

Date: _____



APPENDIX B

UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA

AMERICANS WITH DISABILITIES ACT (ADA) TITLE II
GRIEVANCE FORM

Grievant Information

Grievant Name: _____ Home Phone
(include area code): _____
Address: _____ Business Phone
(include area code): _____
Mobile Phone
(include area code): _____

Alternative Contact Person (other than Grievant)

Name: _____ Home Phone
(include area code): _____
Address: _____ Business Phone
(include area code): _____
Relationship
To Client: _____

Court Service, Program or Facility Allegedly in Violation

Date and Location of Alleged Violation (dd/mm/yyyy)

Description of Alleged Violation and Requested Remedy

Has this case been filed with the Department of Justice or other government agency or court?

Yes No

If You Answered "Yes" to the Previous Question, Complete the Following

Agency or Court: _____ Contact Person: _____
Address: _____ Phone
(include area code): _____
Date Filed: _____

Other Comments

Signature: _____ Date: _____