



The Pennsylvania  
Judicial Center

# Request for Accommodation

**INSTRUCTIONS:** If you have a disability and need access to the Unified Judicial System of Pennsylvania, please complete the following form and submit to a relevant [ADA Coordinator](#) as soon as possible, but no later than three business days before you need an accommodation.

## Contact Information

Name: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Best way to contact you: \_\_\_\_\_

## Court Information

To aid in accommodating you, please provide as much information as you can below.

Court: \_\_\_\_\_

Office/Location: \_\_\_\_\_

Case Docket Number: \_\_\_\_\_

Relation to Case:  Attorney/Legal Staff  Party

Other: \_\_\_\_\_

Date and Time Accommodation Needed:

\_\_\_\_\_ at \_\_\_\_\_  AM  PM

# Request for Accommodation

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## Accommodation Information

**Access Accommodation:** If you are requesting an accommodation to physically access a Courtroom or Filing Office, please describe what accommodations you are requesting below. (Add additional pages if you need to)

Access Accommodation Requested: _____ _____ _____ _____
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**Issue-Related Accommodation:** If you are requesting any accommodations to interact with the Court, please select from the accommodation(s) below. If you do not see accommodations listed that would fit your needs, please describe alternatives in the "Other" section:

<input type="checkbox"/> Large Print	<input type="checkbox"/> Digital Audio Reading
<input type="checkbox"/> Sign Language Interpreter	<input type="checkbox"/> CART (Computer Access Real-Time Translation)
<input type="checkbox"/> Assistive Listening Device	
<input type="checkbox"/> Other: _____ _____ _____	

Please briefly describe the nature of your disability: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Requestor or Person completing form: \_\_\_\_\_

Relationship to Requestor & contact information (if applicable): \_\_\_\_\_  
\_\_\_\_\_

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