



ADMINISTRATIVE OFFICE of PENNSYLVANIA COURTS

AMERICANS WITH DISABILITIES ACT ACCOMMODATION (ADA) TITLE II REQUEST FOR REASONABLE ACCOMMODATION FORM
(INCLUDES REQUEST FOR INTERPRETER FOR HEARING /SPEECH IMPAIRED)

Requestor Information - Section A

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_

\_\_\_\_\_

Mobile: \_\_\_\_\_

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

[ ] Attorney [ ] Program Participant

[ ] 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 AOPC Program/Activity

AOPC Program/Activity Information (if known)

Name of Office: \_\_\_\_\_

AOPC Program/ Activity: \_\_\_\_\_

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

AOPC Contact: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_

Program/Activity Type: \_\_\_\_\_

AFTER COMPLETING THE FORM, PLEASE SEND TO: Mary Vilter, ADA Coordinator, AOPC, 1515 Market St, Suite 1414, Philadelphia, PA 19102 mary.vilter@pacourts.us, 215.560.6300

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 AOPC'S PROGRAM FILES 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: \_\_\_\_\_

AOPC Official: \_\_\_\_\_ (Please print name)

Signature: \_\_\_\_\_

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

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