### Supreme Court of Pennsylvania Rules Committees

# AMERICANS WITH DISABILITIES ACT (TITLE II) POLICY

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. § 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 Rules Committees to take any 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 Rules Committee to determine the best course of action.

To request a reasonable accommodation, please complete the *Request for Reasonable Accommodation Form* (attached) and return it to:

Karla M. Shultz, Esq. ADA Coordinator 601 Commonwealth Avenue, Suite 6200 P.O. Box 62635 Harrisburg, PA 17106-2635 Ph: (717) 231-9555 Fx: (717) 231-9526

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:

Daniel A. Durst Chief Counsel - Rules Committees 601 Commonwealth Avenue, Suite 6200 P.O. Box 62635 Harrisburg, PA 17106-2635 Ph: (717) 231-9557 Fx: (717) 231-9558

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



#### SUPREME COURT OF PENNSYLVANIA RULES COMMITTEEES UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA

Requestor Information	ו			
Name:			Phone:	
\ddress:			Email:	
erson Assisting Req	uestor (if diffe	erent from above	2)	
Name:			Phone:	
Address:			Email:	
Relationship to Requestor:			TTY:	
Nature of Disability fo			equested:	
	lested:			
Accommodation Requ				
Accommodation Requ Rules Topic (circle):	Civil	Criminal	Orphans' Ct	Appellate

I hereby certify that an Americans with Disabilities Act accommodation is required in the abovematter on the date stated.

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

# Accommodation Report (To be completed by UJS)

A service request has been made for	or the requestor.
Service Provider Company:	
Individual Interpreter Name (if appli	icable):
Phone:	Fax:
Email:	_ Date Sent:
I hereby verify that the services we time stated:	ere performed by the provider on the date and
Date Performed:	Time Performed:
Signature:	Date:

#### Supreme Court of Pennsylvania Rules Committees

## AMERICANS WITH DISABILITIES ACT (TITLE 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 Unified Judicial System (UJS). If you require a reasonable accommodation to complete this form, or need this form in an alternate format, please contact Karla Shultz, the ADA coordinator.

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

1. Complete the complaint form and return to:

Daniel A. Durst Chief Counsel - Rules Committees 601 Commonwealth Avenue, Suite 6200 P.O. Box 62635 Harrisburg, PA 17106-2635 Ph: (717) 231-9557 Fx: (717) 231-9558

Alternative 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, Daniel Durst will investigate the complaint, including, meeting with the individual seeking an accommodation, either in person or via telephone, to discuss the complaint and the possible resolutions. Within fifteen (15) calendar days of the meeting, Daniel Durst 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 Supreme Court of Pennsylvania 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:

Marisa G. Lehr Coordinator, Court Access Administrative Office of the Pennsylvania Courts 601 Commonwealth Ave., Suite 1500 P.O. Box 61260 Harrisburg, PA 17106-1260 Ph: (717) 231-3277

Within fifteen (15) calendar days after receipt of the appeal, Mary Vilter will meet with the complainant to discuss the complaint and possible resolutions. Within fifteen (15) calendar days after the meeting, Mary Vilter 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 law.

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



UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA

Americans with Disabilites Act (ADA) Title II GRIEVANCE FORM				
	Complainant Information			
Grievant Name:	Home Phone (include area code):			
Address:	Business Phone (include area			
	Mobile Phone (include area code):			
Altern	ative Contact Person (other than Grievant)			
Name:	Business Phone			
Address:	(include area code): Relationship To Client:			
Court Service	e, Program or Facility Allegedly in Violation			
Date and Location of Alleged Violation				
Has this case been filed with the Departmer	nt 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: Phone			
Address:	(include area			
Other Comments	Date Filed:			
Other Comments				
Signature:	Date:			