



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.A. §12132. Pursuant to that requirement, if you are an individual with a disability who needs an accommodation in order to participate in any service, program, or activity of the Minor Judiciary Education Board (“MJEB”), you are entitled, at no cost to you, to the provision of certain assistance. The ADA does not require the MJEB 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 four (4) weeks prior to the start of the course or exam. 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 MJEB to determine the best course of action.

To request a reasonable accommodation, please complete the MJEB's *Request for Reasonable Accommodation Form* and mail or email to:

Andrew Simpson
ADA Coordinator, Minor Judiciary Education Board
Pennsylvania Judicial Center
P.O Box 61260
Suite 1500
Harrisburg, PA 17106-1260
717-231-9515 (phone)
MJEB@pacourts.us

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 ADA Title II Grievance Procedure with Andrew Simpson, ADA Coordinator. A response will be sent to you after careful review of the facts.



AMERICANS WITH DISABILITIES ACT
ACCOMMODATION (ADA) TITLE II
REQUEST FOR REASONABLE ACCOMMODATION FORM

Client/Requestor Information

Name: _____

Phone: _____

Address: _____

Email: _____

Mobile: _____

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

☐ Student for the fall certification course

☐ Student for the spring certification course

☐ 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 (additional documentation to support the request may be necessary - requestors will be notified):

AFTER COMPLETING THE FORM, PLEASE SEND TO: Minor Judiciary Education Board via email: **MJEB@pacourts.us** or mail the form to Minor Judiciary Education Board, Pennsylvania Judicial Center, 601 Commonwealth Avenue, Suite 1500, P.O. Box 61260, Harrisburg, PA 17106-1260

Signature: _____

Date: _____

FOR OFFICIAL USE ONLY BELOW THIS LINE

Date received: _____

Notes:



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 Minor Judiciary Education Board ("MJEB"). If you require a reasonable accommodation to complete this form, or need this form in an alternate format, please contact Andrew Simpson, Minor Judiciary Education Board, P.O. Box 61260, Harrisburg, PA 17106-1260, MJEB@pacourts.us, 717-231-9515.

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

1. Complete the complaint form and return to Andrew Simpson, ADA Coordinator, contact information noted above. 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, Andrew Simpson, ADA Coordinator, or his designee, 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, Andrew Simpson, ADA Coordinator, or his designee 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 MJEB 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 Board Chairperson, or his or her designee. Within fifteen (15) calendar days after receipt of the appeal, the Board Chairperson or his or her designee will meet with the appellant, either in person or via telephone, to discuss the complaint and possible resolutions. Within fifteen (15) calendar days of this meeting, the Board Chairperson or his or her designee 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 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.



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: _____