

**14th Judicial District Of Pennsylvania
Administrative Office of Fayette County Courts**

AMERICANS WITH DISABILITIES ACT (TITLE II) POLICY

(INCLUDES REQUEST FOR INTERPRETERS FOR HEARING/SPEECH IMPAIRED)

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 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 14th Judicial District of Pennsylvania, through the Administrative Office of Fayette County Courts, 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 (or a request for an interpreter for hearing/speech impaired), 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 Administrative Office of Fayette County Courts 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:

ADA Coordinator
Administrative Office of Fayette County Courts
Fayette County Courthouse
Third Floor
61 E. Main St.
Uniontown, PA 15401
Telephone: 724-430-1230, Fax 724-430-1001
Email: tffc@faycopa.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 the ADA Coordinator listed. A response will be sent to you after careful review of the facts.



APPENDIX A
14TH JUDICIAL DISTRICT
 ADMINISTRATIVE OFFICE OF FAYETTE COUNTY COURTS
 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/ Mobile: _____
Address: _____	Fax: _____
Relationship to Client: _____	Email: _____
	TTY: _____

Accommodation

Nature of the disability for which an accommodation is requested: _____

Accommodation requested: _____

Location of Proceeding	Proceeding Information (if known)
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<input type="checkbox"/> Magisterial District Court No. _____ District Judge Name: _____ <input type="checkbox"/> Courtroom: _____ <input type="checkbox"/> Domestic Relations <input type="checkbox"/> Adult Probation <input type="checkbox"/> Juvenile Probation <input type="checkbox"/> Child Custody Specify Address: _____	Case #: _____ Case Name: _____ Judge: _____ Proceeding Date: _____ Proceeding Time: _____ Proceeding Type: _____
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AFTER COMPLETING THE FORM, PLEASE SEND TO: ADA COORDINATOR, Administrative Office of Fayette County Courts, Fayette County Courthouse, Third Floor, 61 E. Main St., Uniontown, PA 15401. Telephone 724-430-1230, Fax 724-430-1001. Email: tffc@fayccpa.org

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: _____ <i>(Please print name)</i>	Signature: _____
Title: _____	Date: _____

**14th Judicial District Of Pennsylvania
Administrative Office of Fayette County Courts**

Americans with Disabilities (Title II) Act 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) in the 14th Judicial District. If you require a reasonable accommodation to complete this form, or need this form in an alternate format, please contact the ADA Coordinator as follows:

ADA Coordinator
Administrative Office of Fayette County Courts
Fayette County Courthouse
Third Floor
61 E. Main St.
Uniontown, PA 15401
Telephone: 724-430-1230, Fax 724-430-1001
Email: tffc@faycopa.org

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

1. Complete the complaint form (Appendix B) and return to the ADA Coordinator. 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, the ADA Coordinator 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, the ADA Coordinator 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 14th Judicial District 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 District Court Administrator at the contact information listed below. Within fifteen (15) calendar days after receipt of the appeal, the District Court Administrator will meet with the complainant to discuss the complaint and possible resolutions. Within fifteen (15) calendar days after the meeting, the District Court Administrator will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

The District Court Administrator can be contacted at:

Administrative Office of Fayette County Courts
Fayette County Courthouse
Third Floor
61 E. Main St.
Uniontown, PA 15401
Telephone: 724-430-1230, Fax 724-430-1001
Email: kkuhn@faycopa.org

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.



APPENDIX B
 14TH JUDICIAL DISTRICT
 ADMINISTRATIVE OFFICE OF FAYETTE COUNTY COURTS
 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: _____