



**50th Judicial District
Court of Common Pleas
County of Butler**

**PO Box 1208
Butler, PA 16003**

724-284-5200
Court.admin@co.butler.pa.us

AMERICANS WITH DISABILITIES ACT (TITLE II) POLICY

The Unified Judicial System of Pennsylvania (UJS) and the Court of Common Pleas of Butler County, PA comply 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 Butler County Court of Common Pleas 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 Butler County Court of Common Pleas to determine the best course of action.

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

Butler County Court of Common Pleas
Court Administrator
PO Box 1208
Butler, PA 16003-1208

724-284-5200 E-Mail: court.admin@co.butler.pa.us

If you need assistance completing this form, contact the Butler County Court ADA Coordinator at the above address, phone number or e-mail. Complaints alleging violations of Title II under the ADA may be filed pursuant to the UJS Grievance Procedure with Butler County Court ADA Coordinator. A response will be sent to you after careful review of the facts.

**FOR USE BY JUDICIAL DISTRICTS ONLY****BUTLER COUNTY COURT OF COMMON PLEAS****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)
<input type="checkbox"/> Magisterial District Court No. _____ District Judge Name: _____	Case #: _____
<input type="checkbox"/> Criminal Division <input type="checkbox"/> Civil Division <input type="checkbox"/> Orphans' Court Division	Case Name: _____
<input type="checkbox"/> Family Division <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile	Judge: _____
Specify Address: _____	Proceeding: _____ Proceeding Time: _____ Date: _____ Type: _____

AFTER COMPLETING THE FORM, PLEASE SEND TO: **COURT ADA COORDINATOR**
PO BOX 1208 BUTLER, PA 16003-1208**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 _____ End Date _____
& Time: _____ & Time: _____Court Official: _____ Signature: _____
(Please print name)

Date: _____

Title: _____