



**50<sup>th</sup> Judicial District  
Court of Common Pleas  
County of Butler**

**PO Box 1208  
Butler, PA 16003**

**724-284-5200**  
[Court.admin@co.butler.pa.us](mailto: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](mailto: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.

## **Addendum ADA Policy for the 50<sup>th</sup> Judicial District**

It is the policy of this judicial district to prohibit discrimination against all individuals—including those with substance use disorder—in accessing or participating in judicial proceedings or other Court services, programs, or activities.

The United States Department of Justice maintains that blanket or *per se* bans barring or otherwise limiting persons under court supervision (including pretrial probation and release, post-conviction probation and parole, and Problem-Solving Courts—including Adult, Juvenile, or Family Drug Court; DUI Court, Adult or Juvenile Mental Health Court; veterans Treatment Court; Domestic Violence Court) from accessing physician-prescribed medications and treatment is a violation of the Americans with Disabilities Act (ADA).

It is the policy of this judicial district to conform to the position of the United States Department of Justice in the following respects.

Absent an individualized determination, as more fully described below, no judge, unit, or member of this judicial district may prohibit or otherwise limit an individual's use of medication that they have been lawfully prescribed, and that they are taking as prescribed, to treat substance use disorder.

Decisions about whether a person should be prescribed medication, and about medication type and dosage, are to be made only by a licensed prescriber on an individualized basis.

No judge, unit, or member of this judicial district will interfere with a licensed prescriber's decisions about an individual's appropriate medication and treatment regimen.

No judge, unit, or member of this judicial district will express a preference for, or mandate, one medication over another nor in any way penalize or restrict an individual participating in a court proceeding or program from taking their medication as prescribed.

No judge, unit, or member of this judicial district will condition admission to, participation in, or successful completion of a Problem-Solving Court or other court program, service, or activity on reducing, weaning off, or abstaining from taking prescribed medication.

No judge, unit, or member of this judicial district will rely upon prior illicit use of medication for substance use disorder as grounds for prohibiting current use of medication for substance use disorder that comes from a licensed prescriber.

Individuals with substance use disorder who are participating in a court proceeding or program may be required to comply with the treatment recommendations of a licensed prescriber.

This Policy is not intended to interfere with appropriate exercises of judicial discretion in individual cases. To that end, nothing in this Policy limits a judge's discretion to order that an individual be evaluated for medical treatment or comply with a treatment plan as a condition of release, probation, supervision, or participation in a Problem-Solving Court or other court or probation program. In issuing such an order, a judge should make an individualized determination, based on the information available, which may include an individual's criminal, medical, and probation history. An individual's previous illicit use of a medication is not grounds for prohibiting their use of that medication going forward as directed by their licensed provider.

Judges have the authority to monitor medication compliance in the context of a term of probation, supervision, or condition of release and to further the court's public safety obligation. When a judge is concerned about an individual's use or misuse of medication, the judge may act to mitigate and reduce the risk of abuse, misuse, and diversion of medication. In many cases, appropriate action will include, among other things, communication with the prescriber by a probation officer or other UJS personnel as directed by the judge.

Compliance with the ADA does not require that a court allow an individual to participate in, or benefit from, its services or programs if the person poses a "direct threat to the health or safety of others." 28 C.F.R. § 35.139. A determination that an individual poses a direct threat must be grounded in current medical knowledge or the best available objective evidence to ascertain: the nature, duration, and severity of the risk; the probability that the potential injury will actually occur; and whether reasonable modifications of policies, practices, or procedures or the provision of auxiliary aids or services will mitigate the risk. *Id.* A court may not conclude that an individual prescribed medication poses a "direct threat" based on generalizations or scientifically unsupported assumptions about medications or persons who are prescribed medication.

Individuals who believe there has been a violation of this Policy may file a grievance pursuant to the Grievance Procedure of the Butler County Court of Common Pleas. ([ADA Grievance Procedure Butler County, Pennsylvania.](#))

**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: \_\_\_\_\_