

## HUNTINGDON COUNTY COURT OF COMMON PLEAS 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 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 Huntingdon County 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 Huntingdon 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* (Appendix B) and return it to:

Angela J. Robinson, ADA Coordinator  
Huntingdon County Office of Court Administration  
223, Penn Street  
Huntingdon, PA 16652.  
Telephone Number: (814) 643-5078

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 Angela J. Robinson, ADA Coordinator, Huntingdon County Office of Court Administration, 223 Penn Street, Huntingdon, PA 16652. Telephone Number (814) 643-5078. A response will be sent to you after careful review of the facts.



APPENDIX A

FOR USE BY JUDICIAL DISTRICTS ONLY

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)

Magisterial District Court No. District Judge Name: \_\_\_\_\_

Criminal Division Civil Division Orphans' Court Division

Family Division Adult Juvenile

Specify Address: \_\_\_\_\_

Case #: \_\_\_\_\_

Case Name: \_\_\_\_\_

Judge: \_\_\_\_\_

Proceeding Date: Proceeding Time: \_\_\_\_\_

Proceeding Type: \_\_\_\_\_

AFTER COMPLETING THE FORM, PLEASE SEND TO: Angela Robinson, ADA Coordinator

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: (Please print name) \_\_\_\_\_

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

Title: \_\_\_\_\_

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



APPENDIX A

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)

Name of Office: \_\_\_\_\_

Case #: \_\_\_\_\_

Address: \_\_\_\_\_

Case Name: \_\_\_\_\_

Judge: \_\_\_\_\_

Proceeding Date: \_\_\_\_\_ Proceeding Time: \_\_\_\_\_

Proceeding Type: \_\_\_\_\_

AFTER COMPLETING THE FORM, PLEASE SEND TO: Angela Robinson, ADA Coordinator

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: \_\_\_\_\_

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

(Please print name)

Title: \_\_\_\_\_

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

## APPENDIX B

### HUNTINGDON COUNTY COURT OF COMMON PLEAS AMERICANS WITH DISABILITIES ACT (TITLE II) POLICY 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

Angela J. Robinson, ADA Coordinator  
Huntingdon County Office of Court Administration  
223, Penn Street  
Huntingdon, PA 16652.  
Telephone Number: (814) 643-5078

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

1. Complete the complaint form and return to 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 Huntingdon County Court of Common Pleas 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 President Judge Zanic. Within fifteen (15) calendar days after receipt of the appeal, the President Judge Zanic will meet with the complainant to discuss the complaint and possible resolutions. Within fifteen (15) calendar days after the meeting, the President Judge Zanic 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.



**APPENDIX B**

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: \_\_\_\_\_