

AMERICANS WITH DISABILITIES ACT (TITLE II) POLICY 28th JUDICIAL DISTRICT

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 28th Judicial District 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 five (5) 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 Court 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:

District Court Administrator | Venango County Court of Common Pleas
1168 Liberty Street
P.O. Box 831
Franklin, Pennsylvania
Phone: (814) 432-9606
Fax: (814) 432-3149

If you need assistance completing this form, contact the District Court Administrator. Complaints alleging violations of Title II under the ADA may be filed pursuant to the UJS Grievance Procedure with the District Court Administrator. A response will be sent to you after careful review of the facts.



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: _____

Accommodation

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

Accommodation requested: _____

Location of Proceeding

Proceeding Information (if known)

☐ Magisterial District Court or Court of Common Pleas No.: _____

Case #: _____

Judge Name: _____

Case Name: _____

☐ Criminal Division ☐ Civil Division ☐ Orphans' Court Division

Date: _____

☐ Family Division ☐ Adult ☐ Juvenile

Time: _____

Specify Address: _____

After completing the form, please send to: District Court Administrator – Venango County Court
1168 Liberty Street, P.O. Box 831, Franklin, PA 16323

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/

Date to

Mobile: _____

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: _____

**AMERICANS WITH DISABILITIES ACT (TITLE II) POLICY
GRIEVANCE PROCEDURE
28th JUDICIAL DISTRICT**

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:

District Court Administrator | Venango County Court of Common Pleas
1168 Liberty Street
P.O. Box 831
Franklin, Pennsylvania
Phone: (814) 432-9606
Fax: (814) 432-3149

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

1. Complete the complaint form and return to the District Court Administrator. 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 District Court Administrator, or her 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, the District Court Administrator or 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 Venango 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 or

his designee. Within fifteen (15) calendar days after receipt of the appeal, the President Judge or his designee will meet with the complainant to discuss the complaint and possible resolutions. Within fifteen (15) calendar days after the meeting, the President Judge or his 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 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:** _____