



**AMERICANS WITH DISABILITIES ACT ACCOMMODATION REQUEST**  
 (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     Jury  
 Other (please explain) \_\_\_\_\_

**Requestor Information (if different from above)**

Name: \_\_\_\_\_ Bus. Phone/ Mobile: \_\_\_\_\_  
 Address: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
 Relationship to Client: \_\_\_\_\_ Email: \_\_\_\_\_  
 \_\_\_\_\_ TTY: \_\_\_\_\_

**Accommodation**

Nature of the disability for which an accommodation is requested: \_\_\_\_\_

Accommodation requested: \_\_\_\_\_

**Location of Proceeding**

- Court 14<sup>th</sup> Judicial District \_\_\_\_\_  
 Judge Name: \_\_\_\_\_  
 Criminal Division     Civil Division     Orphans' Court Division  
 Family Division     Adult     Juvenile  
 Specify Address: \_\_\_\_\_

**Proceeding Information (if known)**

Case #: \_\_\_\_\_  
 Case Name: \_\_\_\_\_  
 Judge: \_\_\_\_\_  
 Proceeding Date: \_\_\_\_\_ Proceeding Time: \_\_\_\_\_  
 Proceeding Type: \_\_\_\_\_

AFTER COMPLETING THE FORM, PLEASE EMAIL TO: [llambie@faycopa.org](mailto:llambie@faycopa.org) OR FAX TO: 724-430-1001, ATTN. LORI LAMBIE, DEPUTY COURT ADMINISTRATOR, OR YOU MAY CALL (724) 430-1230 WITH ANY QUESTIONS.

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: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
 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. PLEASE DIRECT ALL VERIFICATION RELATED QUESTIONS TO (724)430-1230.

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: \_\_\_\_\_