

**IN THE COURT OF COMMON PLEAS
OF THE 37TH JUDICIAL DISTRICT OF PENNSYLVANIA
FOREST/WARREN COUNTY BRANCH
MISCELLANEOUS**

IN RE: Americans with Disabilities :
Policy : Misc. Dkt. 30 of 2014

ADMINISTRATIVE ORDER

AND NOW, this 16th day of June, 2014, the Court of Common Pleas of the 37th Judicial District of Pennsylvania hereby adopts a policy providing for reasonable accommodations for the public under Title II of the Americans with Disability Act. The policy is attached hereto.

It is ORDERED that the District Court Administrator shall be appointed as the ADA Coordinator.

Notice similar to the following shall be provided to all scheduled for a hearing or having scheduled business before the Court:

AMERICAN WITH DISABILITIES ACT of 1990

If you are disabled and require special accommodations, please notify the
office 72 hours in advance of the date of your hearing/business
by calling (814) _____ - _____
(number of specific court office)


IT IS ORDERED that this Administrative Order and attached Policy shall be effective (30) days after publication thereof in the Pennsylvania Bulletin.

IT IS FURTHER ORDERED that the District Court Administrator shall:

- (a) File one (1) certified copy hereof with the Administrative Office of the Pennsylvania Courts.

- (b) Distribute two (2) certified copies hereof and one (1) disk copy to the Legislative Reference Bureau for publication in the *Pennsylvania Bulletin*,
- (c) File one (1) copy with the Prothonotary/Clerk of Court of the 37th Judicial District. Said Administrative Order and policy shall be posted on the Court website of the 37th Judicial District of Pennsylvania and shall be available for public inspection and copying in the office of the Prothonotary/Clerk of Court.
- (d) Copies shall be provided to all Court and Court related offices of the 37th Judicial District of Pennsylvania and shall be available for public inspection and copying.

BY THE COURT



Maureen A. Skerda, President Judge

APPENDIX A

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 Court of the 37th 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 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 Office 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:

Court Administrator
204 Fourth Avenue
Warren, PA 16365
Phone: (814) 728-3530
Fax: (814) 728-3452
Email: lcritzer@warren-county.net

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 Court Administration located at the Judges' Chambers, 204 Fourth Avenue, Warren, PA 16365. 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)
<input type="checkbox"/> Magisterial District Court No. _____ District Judge Name: _____ <input type="checkbox"/> Criminal Division <input type="checkbox"/> Civil Division <input type="checkbox"/> Orphans' Court Division <input type="checkbox"/> Family Division <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile Specify Address: _____	Case #: _____ Case Name: _____ Judge: _____ Proceeding Date: _____ Proceeding Time: _____ Proceeding Type: _____

AFTER COMPLETING THE FORM, PLEASE SEND TO: COUNTY ADACCOORDINATOR

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) Date: _____
 Title: _____

APPENDIX B

Americans with Disabilities (Title II) Act 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:

Court Administrator, 204 Fourth Avenue, Warren, PA 16365

Phone: (814) 728-3530, Fax: (814) 728-3452.

email: lcritzer@warren-county.net.

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

1. Complete the complaint form and return to Court Administration. 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 or designated individual 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 or designated individual 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 Court of the 37th Judicial District of Pennsylvania 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 the President Judge of the 37th Judicial District of Pennsylvania. Within fifteen (15) calendar days after receipt of the appeal, the President Judge will meet with the complainant to discuss the complaint and possible resolutions. Within fifteen (15) calendar days after the meeting, the President Judge 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 A (Request for Reasonable Accommodation Form) and Appendix B (Grievance Form) are located at the Court website www.warrenforestcourt.org



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: _____