



DELAWARE COUNTY COURT OF COMMON PLEAS
32nd Judicial District of Pennsylvania

AMERICANS WITH DISABILITIES ACT (ADA) ACCOMMODATION TITLE II REQUEST FOR REASONABLE ACCOMMODATION FORM
(INCLUDES REQUEST FOR INTERPRETER FOR HEARING/SPEECH IMPAIRED)

Client Information – Section A

Name: _____ Address: _____ _____	Phone: _____ Mobile: _____ Email: _____
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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: _____ Address: _____ _____	Business Phone: _____ Fax: _____ Email: _____ TTY: _____
Relationship to Client: _____	

Accommodation

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

Accommodation requested: _____

Location of Proceeding

- Magisterial District Court No.: _____
 Common Pleas Courtroom No.: _____
 Civil Criminal Family Probation Juvenile
 Arbitration Domestic Relations Orphans' Court Division
 Specify Address: _____

Proceeding Information

Case Name: _____
 Case Number: _____
 Proceeding Date: _____ Proceeding Time: _____
 Proceeding Type: _____
 Judge/District Judge/Master Name: _____

AFTER COMPLETING THE FORM, PLEASE SEND TO:

Nicole M. Brungard, ADA Coordinator
 Court Administration
 Delaware County Courthouse
 201 West Front Street
 Media, PA 19063
 610-891-4794 610-566-9128 fax
BrungardN@co.delaware.pa.us

I hereby certify that an Americans with Disabilities Act accommodation is required in the above captioned action on the date stated.

Signature _____

FOR OFFICIAL USE ONLY

Service Provider Information – Section B

A SERVICE REQUEST HAS BEEN MADE FOR THE CLIENT NAMED ABOVE

Service Provider Company: _____ Individual Interpreter Name: _____ Business Phone/Mobile: _____	Fax: _____ Email: _____ Date to Provider: _____
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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: _____ <small>Please print name</small>	Signature: _____
Title: _____	Date: _____