**AMERICANS WITH DISABILITIES ACT (TITLE II) POLICY FOR THE 43rd JUDICIAL DISTRICT OF PENNSYLVANIA**

The Unified Judicial System of Pennsylvania (UJS) and the Forty-Third Judicial District of Pennsylvania (hereinafter “the Court”) comply 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 file court documents or participate in any judicial proceeding or other service, program, or activity of the Court, you are entitled, at no cost to you, to the provision of certain assistance. The ADA does not require the Court to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden. If your accommodation request relates to court business you have with the Prothonotary, Clerk of Court, District Attorney, Public Defender, or other court-related office, it will be referred to the applicable entity.

If you require an accommodation under Title II of 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, 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 the ADA Coordinator:

Kelly Koehler

Deputy Court Administrator Court of Common Pleas

610 Monroe Street, Suite 221

Stroudsburg, PA 18360

Email: [kkoehler1@monroepacourts.us](mailto:kkoehler1@monroepacourts.us)

Phone: 570-517-3009

Fax: 570-517-3866

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 Cori Doughty, District Court Administrator at 610 Monroe Street Suite 221, Stroudsburg, PA 18360. A response will be sent to you after careful review of the facts.



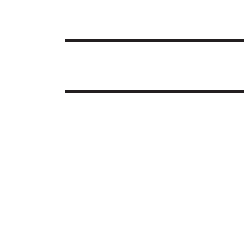
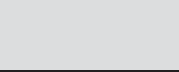
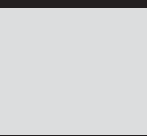
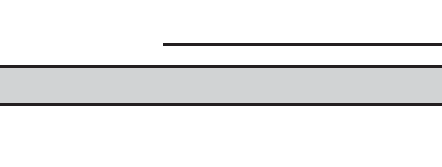


APPENDIX A

MONROE COUNTY COURT OF COMMON PLEAS FORTY-THIRD JUDICIAL DISTRICT

Americans with Disabilites Act Accommodation (ADA) Title II Request for Reasonable Accommodation Form

**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)***

Bus. Phone/

Name: Mobile:

Address: Fax:

Email:

Relationship

to Client: TTY:

**Accommodation**

Nature of the disability for which an accommodation is requested:

Accommodationrequested:

**Location of Proceeding Proceeding Information *(if known)***

Magisterial District Court No.

District Judge Name:

Criminal Division Civil Division Orphans’ Court Division

Case #:

Case Name:

Judge: Proceeding

Proceeding

Family Division

Specify Address:

Adult

Juvenile

Date: Time: Proceeding

Type:

After completing the form, please send to: THE ADA COORDINATOR KELLY KOEHLER, DEPUTY COURT ADMINISTRATOR; 610 MONROE STREET, SUITE 221, STROUDSBURG, PA 18360; kkoehler1@monroepacourts.us; FAX: 570-517-3866

**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: Individual Interpreter Name:  Bus. Phone/  Mobile: | Fax: |
| Email: |
| 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 End Date  & Time: & Time:  Court Official: Signature:  *(Please print name)*  Title: Date: | |