



**Adams County Court of Common Pleas  
51st Judicial District**

**AMERICANS WITH DISABILITIES ACT (ADA) TITLE II POLICY**

# **TABLE OF CONTENTS**

**A. POLICY STATEMENT**

**B. DEFINITIONS**

**C. INFORMATION FOR PERSONS WITH DISABILITIES WHO NEED ACCOMMODATIONS**

**D. INSTRUCTIONS – REQUEST FOR REASONABLE ACCOMMODATIONS**

**E. STEPS TO COMPLETE REQUEST FOR REASONABLE ACCOMMODATION FORM**

**F. NOTICE OF ACCOMMODATION PROCEDURE**

**G. DENIAL OF ACCOMMODATION**

**H. GRIEVANCE PROCEDURE**

**APPENDIX**

- **REQUEST FOR REASONABLE ACCOMMODATION FORM**
- **NOTICE OF ACCOMMODATION FORM**
- **GRIEVANCE FORM**

## **A. POLICY STATEMENT**

It is the policy of the Fifty First Judicial District of Pennsylvania to comply with Title II of the Americans with Disabilities Act (ADA) to assure that individuals with disabilities, including those with substance abuse disorders, shall have equal and full access to the Court's proceedings, services, programs and activities. Nothing in this policy shall be construed to impose limitations or to invalidate the remedies, rights, and procedures accorded to any individual with disabilities under state or federal law. Absent an individualized determination, no judge, unit, or member of this judicial district may prohibit or otherwise limit an individual's use of medication that they have been lawfully prescribed, and that they are taking as prescribed, to treat substance use disorder. Adams County Court staff will make every effort to assist individuals with disabilities who request reasonable accommodations by utilizing the guidelines and procedures established herein and any other applicable county policies.

## **B. DEFINITIONS**

- 1. Accommodation** – Measures to make each service, program or activity, when viewed in its entirety, readily accessible to and usable to a person with a disability.
- 2. Court ADA Coordinator** – An individual designated by the President Judge to receive requests for accommodations for court services or proceedings and to initially determine if the received requests are to be granted.
- 3. Person with a disability** – A person covered by the Americans with Disabilities Act of 1990, 42 U.S.C. § 12101 et seq. This term includes, but is not limited to, an individual who has a physical or mental impairment that limits one or more major life activities, has a documented history of such impairment, or is regarded as having such impairment and, in the context of this policy, is otherwise entitled to participate in any court program, service, or activity.

## **C. INFORMATION FOR PERSONS WITH DISABILITIES WHO NEED ACCOMMODATIONS TO ACCESS COURT OFFICES**

- 1. Who may receive an accommodation?** Anyone with a disability who needs assistance to participate in a court service, program, activity, or court proceeding may request a reasonable accommodation. A disability is defined by federal and state laws, including the Americans with Disabilities Act and other applicable regulations.
- 2. What information is needed?** A person with a disability must tell the Court ADA Coordinator the nature of the disability for which an accommodation is requested and what accommodation is requested. This information will allow the Court ADA Coordinator to decide if the request may be granted.
- 3. How does an individual ask for a reasonable accommodation?** A “Request for Reasonable Accommodation Form” is provided for a person with a disability to complete and submit. The Court ADA Coordinator may request additional information, if necessary, to determine the need and type of accommodation.

4. **Where is the form provided to request a reasonable accommodation?** The form is available from every webpage related to the Courts (starting with <https://www.adamscountypa.gov/courts/courtadministration/courtadatitleiipolicy>). The form can also be obtained by calling Court Administration at (717) 337-9846, requesting a form and providing a mailing address.
5. **When should the form be filed?** The form should be filed as soon as a person with a disability knows they need an accommodation. The Court ADA Coordinator will usually need to receive the request at least five business days before the accommodation is needed.
6. **Who gets this information?** The request should be submitted to the Court ADA Coordinator. Information regarding how to contact the Court ADA Coordinator is available below.
7. **Must all requests be granted?** The ADA does not require the Adams County Court of Common Pleas to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden. If a request for accommodation is denied on either of those grounds, the person with a disability will receive a written explanation with the reason why the requested accommodation was denied.
8. **How will I be notified?** You will be notified as you requested in Section A of the “Request for Reasonable Accommodation Form”. Also, you will receive a written “Notice of Accommodation”.

#### **D. INSTRUCTIONS – REQUEST FOR REASONABLE ACCOMMODATIONS**

1. If you have a disability and you need an accommodation to fully and equally participate in a court program, service activity or proceeding, you may request a reasonable accommodation.
2. To request a reasonable accommodation, complete the **Request for Reasonable Accommodation Form**, and return the form as listed below: (Steps to complete the Form are provided in the next section).

Court ADA Coordinator  
117 Baltimore Street, 4<sup>th</sup> Floor  
Gettysburg PA 17325  
Voice (717) 337-9846  
Fax (717) 334-8817  
E-mail [courtadacoordinator@adamscountypa.gov](mailto:courtadacoordinator@adamscountypa.gov)

If you need additional help completing the **Request for Reasonable Accommodation Form**, the Court ADA Coordinator will make arrangements to assist you.

3. Accommodation requests are granted to any person with a disability for whom such accommodation is reasonable and necessary under the Americans with Disabilities Act of 1990 (ADA).

4. An application for accommodation should be made as far in advance as practical of the proceeding or activity for which the accommodation is sought.

## **E. STEPS TO COMPLETE REQUEST FOR REASONABLE ACCOMMODATION FORM**

1. Section A: Fill in your name, address (street, city, state and zip code), telephone number, e-mail address (if you have an e-mail address) and mobile telephone number. Check the box which indicates the best way to contact you regarding the status of your request. Check the box that best identifies your specific interest or participation in the proceeding, service, program or activity for which you need an accommodation. If you check the “Other” box, provide specific information regarding your interest or connection to the case, if any.

Definitions of terms:

- **Petitioner/Plaintiff/Complainant** – If you are the person initiating or starting a case, then you are a “Plaintiff” and should check the ‘Plaintiff’ box.
- **Defendant/Respondent** – If you are the person against which the case or action is brought against or the accused, then you are a “Defendant” and should check the “Defendant” box.
- **Parent** – If you are a biological parent, stepparent, adoptive parent, guardian, foster parent of a minor child involved in a case, then you are a “Parent” and should check the “Parent” box.
- **Child** – If you are a minor child (under the age of 18) involved in a case, then you are a “Child” and should check the “Child” box.
- **Witness** – If you are the person who witnessed, observed or can give testimony in a legal proceeding, then you are a “Witness” and should check the “Witness” box.
- **Attorney** – If you are legal counsel for any parties involved in the proceedings, then you are an “Attorney” and should check the “Attorney” box.
- **Victim** – If you were a person who was attacked, injured, mistreated, suffered loss or harmed in some fashion by someone or something, then you are a “Victim” and should check the “Victim” box.
- **Juror** – If you are a person summoned for jury duty in the Courts, then you are a “Juror” and should check the “Juror” box.
- **“Other”** – If you are not a participant in a case, check the “Other” box and state your specific interest or connection to the proceeding. (“Other” includes, but is not limited to, court observer, interested persons such as guardian ad litem, guardian, and interpreter).

2. Section B: Complete this section only if there is a person making the request on behalf of the person with a disability.

3. Section C: State the accommodation you are seeking.
4. Section D: Indicate the location, type of proceeding, case number and name of Judge presiding over the proceeding, if known. Indicate the date(s)/time(s) of the proceeding, if known. If you do not know the dates at the time you're submitting the form to the Court ADA Coordinator, and later determine the dates you will need to be accommodated, please contact the Court ADA Coordinator as soon as possible.
5. If there is other information that will help the Court ADA Coordinator evaluate your request, include it on a separate piece of paper.
6. Print your name and sign and date the request form. Return the form to the Court ADA Coordinator using the address provided on the form.

#### **F. NOTICE OF ACCOMMODATION PROCEDURE**

1. The Court ADA Coordinator will be responsible for notifying the person with a disability of the decision regarding their request for reasonable accommodation. The person with a disability shall be notified of the following information:
  - a. Whether the request was denied or approved
  - b. The type of accommodation to be provided
  - c. The duration of the accommodation
  - d. Who the person with a disability should contact to acquire the accommodation
  - e. If the request has been denied, the reason why the request was denied
  - f. Explanation of the appeal process
2. The Notice of Accommodation Form will be used to notify the person with a disability in writing of the decision regarding approval or denial of the accommodation. This report will be submitted to the person with a disability and will be utilized to supplement and document verbal communications to the person with a disability regarding the Court ADA Coordinator's decision.

#### **G. DENIAL OF ACCOMMODATION**

In the event that an accommodation is denied, the person with a disability will receive written notification as to the reason for the denial.

#### **H. AMERICANS WITH DISABILITIES (TITLE II) ACT GRIEVANCE PROCEDURES**

1. 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 Adams County Court.
2. To file a Grievance, complete the **Grievance Form**. If you require a reasonable accommodation to complete this form, or need this form in an alternate format, please contact:

Adams County Court Administrator  
117 Baltimore Street, 4<sup>th</sup> Floor

Gettysburg PA 17325  
Voice (717) 337-9846  
Fax (717) 334-8817  
E-mail [courtadagrievance@adamscountypa.gov](mailto:courtadagrievance@adamscountypa.gov)

3. To file a complaint under the Grievance Procedure please take the following steps:
  - a. Complete the Grievance Form and return to the Adams County Court Administrator. Alternative means of filing grievances will be made available for persons with disabilities upon request. The Grievance Form should be submitted as soon as possible but no later than sixty (60) calendar days after the alleged violation. Upon receipt, the Court Administrator will immediately provide the Grievance material to the President Judge.
  - b. Within fifteen (15) calendar days of receipt of the grievance, the President Judge will investigate the grievance and make a determination regarding the matter(s) raised in the grievance, which may include meeting with the individual seeking an accommodation, either in person or via telephone, to discuss the grievance and the possible resolutions. The President Judge will respond in writing, and where appropriate, in a format accessible to the grievant, such as large print, Braille, or audio. The response will explain the position of the Adams County Courts in reference to the matter(s) raised by the grievant.
4. This grievance procedure is informal and an individual's participation in this informal process is completely voluntary.
5. Use of this grievance procedure is not a prerequisite to and does not preclude a grievant from pursuing other remedies available under law.

## **APPENDIX**





# ADAMS COUNTY COURT OF COMMON PLEAS

## 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 place a check mark in the box for how you want to be informed of the status of your request.

Please check the box that most describes your status in this matter:

- Plaintiff   
 Defendant   
 Parent   
 Child   
 Witness   
 Attorney   
 Victim   
 Juror  
 Other (please explain) \_\_\_\_\_

### Requestor Information - (if different from above) - Section B

Name: \_\_\_\_\_

Bus. Phone/ \_\_\_\_\_

Mobile: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

TTY: \_\_\_\_\_

### Accommodation - Section C

Accommodation Requested: \_\_\_\_\_

### Location of Proceeding - Section D

### Proceeding Information (if known)

Magisterial District Court No. \_\_\_\_\_  
District Judge Name: \_\_\_\_\_

Case #: \_\_\_\_\_

Case Name: \_\_\_\_\_

Criminal Division   
 Civil Division   
 Orphans' Court Division

Judge: \_\_\_\_\_

Family Division   
 Adult   
 Juvenile

Proceeding Date: \_\_\_\_\_ Proceeding Time: \_\_\_\_\_

Specify Address: \_\_\_\_\_

Proceeding Type: \_\_\_\_\_

**AFTER COMPLETING THE FORM, PLEASE SEND TO: COURT ADA COORDINATOR, 117 Baltimore Street, 4th Floor, Gettysburg, PA 17325 Phone: (717) 337-9846, Fax: (717) 334-8817, Email: [courtadacoordinator@adamscountypa.gov](mailto:courtadacoordinator@adamscountypa.gov)**

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 E

Service Provider Company: \_\_\_\_\_

Fax: \_\_\_\_\_

Individual Interpreter Name : \_\_\_\_\_

Email: \_\_\_\_\_

Interpreter Name: \_\_\_\_\_

Date to Provider: \_\_\_\_\_

Bus. Phone \_\_\_\_\_  
Mobile: \_\_\_\_\_

### Court Official Verification - Section F

**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: \_\_\_\_\_  
(Please print name)

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



ADAMS COUNTY COURT OF COMMON PLEAS

AMERICANS WITH DISABILITIES ACT (ADA) TITLE II  
NOTICE OF ACCOMMODATION

Date of Notice:

Person with a Disability Information

Name: \_\_\_\_\_ Home Phone (include area code): \_\_\_\_\_  
Address: \_\_\_\_\_ Business Phone (include area code): \_\_\_\_\_  
Mobile Phone (include area code): \_\_\_\_\_

Court Service, Program, Court Case or Proceeding Related to Request

Date of Service, Program, Court Case or Proceeding

Type of Accommodation Requested:

Request for Reasonable Accommodation:  
 Approved  Alternate Accommodation Approved  Request Denied

Type of Accommodation Approved:

Request for Accommodation was denied based on the following:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Grievance Procedure

The person with a disability, when an accommodation has been denied, may grieve the decision as a violation of the Americans with Disabilities Act to the President Judge of the 51<sup>st</sup> Judicial District. The grievance should be filed as soon as possible and no later than sixty (60) calendar days after the alleged violation. A Grievance Form may be obtained by contacting:  
Adams County Court Administrator  
117 Baltimore Street, 4<sup>th</sup> Floor  
Gettysburg, PA 17325  
(717) 337-9846  
(717) 334-8817 (Fax)  
[courtadagrievance@adamscountypa.gov](mailto:courtadagrievance@adamscountypa.gov)

Agency or Court: 51<sup>st</sup> Judicial District Contact Person: \_\_\_\_\_  
Address: 117 Baltimore Street, 4<sup>th</sup> Floor Phone (include area code): (717) 337-9846  
Gettysburg, PA 17325 Date Filed: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## ADAMS COUNTY COURT OF COMMON PLEAS

### 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: \_\_\_\_\_