## AMERICANS WITH DISABILITIES ACT (TITLE II) POLICY FOR THE 17<sup>th</sup> JUDICIAL DISTRICT SNYDER AND UNION COUNTIES

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 Snyder/Union County Courts 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 either Snyder or Union County Courts 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:

Kelly Heeter, ADA Coordinator Snyder County Courthouse 9 W. Market St. Middleburg, PA 17842 Fax: 570-837-4358 Email: <u>kheeter@snydercounty.org</u> Telephone: 570-837-4344

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 Kelly Heeter, ADA Coordinator, information same as above, response will be sent to you after careful review of the facts.

S:Court Admin: ADA Title II Policy 7-31-14



Title:

## APPENDIX A For Use By Judicial Districts Only 17<sup>th</sup> Judicial District Unified Judicial System of Pennsylvania

Americans with Disabilites Act Accommodation (ADA) Title II Request for Reseasonable Accommodation Form (includes request for interpreter for hearing /speech impaired)			
Client Information – Section A			
Name:	Phone:		
Address:			
- Iddie55			
Please check the box that most closely describes your status in this matter:         Litigant       Plaintiff         Defendant       Parent         Child         Other (please explain)	U Witness	Attorney Victim Juror	
Requestor Information (if different from above)	D DI /		
Name:	Bus. Phone/ Mobile:		
Address:	Fax:		
	Email:		
Relationship to Client:			
Accommodation			
Nature of the disability for which an accommodation is requested:			
Accommodation requested:			
Location of Proceeding	Proceeding Info	ormation (if known)	
Magisterial District Court No.	Case #:		
District Judge Name:			
Criminal Division Civil Division Orphans' Court Division			
Family Division Adult Juvenile	Proceeding	Proceeding Time:	
	Proceeding		
Specify Address:			
AFTER COMPLETING THE FORM, PLEASE SEND TO: COURT ADA COORDINATOR, SNYDER COUNTY COURTHOUSE 9 W. Market ST. Middleburg, PA 17842			
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:Bus. Phone/	Email: Date to		
Mobile:	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:			
Court Official:	Signature:		

Date:

## Americans with Disabilities (Title II) Act Grievance Procedure FOR THE 17<sup>th</sup> JUDICIAL DISTRICT SNYDER AND UNION COUNTIES

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:

ADA Coordinator, Kelly Heeter Snyder County Courthouse 9 W. Market Street, Middleburg, PA 17842 Telephone: 570-837-4344 Fax: 570-837-4358 Email: kheeter@snydercounty.org

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

- 1. Complete the complaint form and return to ADA Coordinator as indicated on form. 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 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 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 Snyder or Union County Courts 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 ADA Coordinator. Within fifteen (15) calendar days after receipt of the appeal, the ADA Coordinator and President Judge will meet with the complainant to discuss the complaint and possible resolutions. Within fifteen (15) calendar days after the meeting, the ADA Coordinator 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 B

UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA

AMERICANS WITH DISABILITES ACT (ADA) TITLE II
GRIEVANCE FORM : 17 <sup>TH</sup> JUDICIAL DISTRICT

Grievant Information			
Grievant Name:	Home Phone (include area code):		
	Business Phone		
Address:	Mobile Phone		
(include area code): Alternative Contact Person (other than Grievant)			
	Home Phone		
Name:	Business Phone		
Address:	Relationship		
Court Service, Program or Fac	To Client: ility 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:		
	Phone		
Address:	(include area code):		
Other Comments	Date Filed:		
Signature:	Date:		