



**APPENDIX A
MONROE COUNTY COURT OF COMMON PLEAS
FORTY-THIRD JUDICIAL DISTRICT**

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

Requestor Information – Section A

Name: _____

Phone: _____

Address: _____

Email: _____

Mobile: _____

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

Attorney Program Participant

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 Court Program/Activity

Court Program/Activity Information (if known)

Name of Office: _____

Court Program/ Activity: _____

Address: _____

Court Contact: _____

Date of Event: _____ Time of Event: _____

Program/Activity Type: _____

After completing the form, please send to: ADA Coordinator Kelly Koehler, Deputy Court Administrator; 610 Monroe Street, 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: _____

Fax: _____

Individual Interpreter Name: _____

Email: _____

Bus. Phone/ Mobile: _____

Date to Provider: _____

Court Official Verification – Section C

VERIFYING OFFICIAL SHALL MAINTAIN A COPY IN 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: _____