



DISTRICT COURT ADMINISTRATOR
43RD JUDICIAL DISTRICT

MONROE COUNTY COURTHOUSE
STROUDSBURG, PA 18360

John J. Goldner
District Court Administrator
(570) 517-3009
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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:

Gregory T. Armstrong
Deputy Court Administrator
Court of Common Pleas
610 Monroe Street, Suite 221
Stroudsburg, PA 18360

Email: garmstrong@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 Gregory T. Armstrong, Deputy 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 DISABILITIES 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)

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 Proceeding

Proceeding Information (if known)

<input type="checkbox"/> Magisterial District Court No. _____ District Judge Name: _____ <input type="checkbox"/> Criminal Division <input type="checkbox"/> Civil Division <input type="checkbox"/> Orphans' Court Division <input type="checkbox"/> Family Division <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile Specify Address: _____	Case #: _____ Case Name: _____ Judge: _____ Proceeding Date: _____ Proceeding Time: _____ Proceeding Type: _____
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AFTER COMPLETING THE FORM, PLEASE SEND TO: THE ADA COORDINATOR GREGORY T. ARMSTRONG, DEPUTY COURT ADMINISTRATOR; 610 MONROE STREET, SUITE 221, STROUDSBURG, PA 18360; garmstrong@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 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: _____ <i>(Please print name)</i>	Signature: _____
Title: _____	Date: _____