

11th Judicial District of Pennsylvania Americans with Disabilities Act (Title II) Policy

It is the policy of the 11th Judicial District to prohibit discrimination against any individual with a disability, as defined by the Americans with Disabilities Act (“ADA”) 42 U.S.C.A. §12131 et seq, in accessing or participating in judicial proceedings or other services, programs, or activities of the 11th Judicial District and the Unified Judicial System.

To facilitate compliance with the aforesaid Policy, the 11th Judicial District has adopted a protocol for the receipt and processing of requests for reasonable accommodations, as well as to resolve any disagreements concerning the need for or nature of accommodations. Attached herewith and included herein, marked Appendix “A” and Appendix “B” are the forms to be utilized.

The District Court Administrator for the 11th Judicial District shall designate a Deputy Court Administrator to act as the American with Disabilities Act Coordinator. That individual shall be identified by name, along with his/her address, telephone number, fax number and email address and this information shall be included in all documents listed on the Court website and posted in a public location in all court-related buildings and Magistrate District Judge offices. The forms requesting accommodations shall be available in all locations. The District Court Administrator shall adjudicate any disagreement between an individual requesting accommodation, concerning the need for or the nature of the accommodation, in accordance with the grievance procedure.

There shall be no charge to the requestor for any expense or cost associated with the accommodation provided.

AMERICANS WITH DISABILITIES ACT (TITLE II) POLICY

The Luzerne County Court of Common Pleas 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 Luzerne County Court of Common Pleas, you are entitled, at no cost to you, to the provision of certain assistance. The ADA does not require the 11th Judicial District (Court of Common Pleas of Luzerne County) 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 court 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 11th Judicial District (Court of Common Pleas of Luzerne County) 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:

Melissa Schatzel, Luzerne County Courthouse, 200 North River Road, Wilkes-Barre, PA 18711 or mschatzel@luzernecountycourts.com. Please contact the ADA Coordinator, if you have any questions or need assistance with completing the form, at (570)830-5135.

Complaints alleging violations of Title II under the ADA may be filed pursuant to the UJS Grievance Procedure with Michael Shucosky, Esq., District Court Administrator, Luzerne County Courthouse, 200 North River Road, Wilkes-Barre, PA 18711 or by email or phone at 570-825-1805 and mshucosky@luzernecountycourts.com. A response will be sent to you after careful review of the facts.

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 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	Case #: _____ Case Name: _____ Judge: _____ Proceeding Date: _____ Proceeding Type: _____ Proceeding Time: _____
Specify Address: _____	

AFTER COMPLETING THE FORM, PLEASE SEND TO: MELISSA SCHATZEL, ADA COORDINATOR , LUZERNE COUNTY COURTHOUSE, 200 NORTH RIVER ROAD, WILKES-BARRE, PA 18711 OR MSCHATZEL@LUZERNECOUNTYCOURTS.COM

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: _____ Signature: _____
 (Please print name)

Title: _____ Date: _____

