

Kevin H. Way
District Court Administrator
570-327-2330



April McDonald
Court Scheduling
Technician
570-327-2417

Peter J. Purcaro
Director of Court Services
570-327-2436

Court Administrator's
Fax
570-327-2293

Eileen A. Dgien
Deputy Court Administrator
570-327-6700

**Office of the District Court Administrator
Lycoming County
48 West Third Street
Williamsport, PA 17701**

Jury Information
570-327-2330

AMERICANS WITH DISABILITIES ACT (TITLE II) POLICY

The 29th Judicial District 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 29th Judicial District, you are entitled, at no cost to you, to the provision of certain assistance. The ADA does not require the 29th Judicial District 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 five (5) business days before your scheduled participation in any court proceeding, program or activity of the 29th Judicial District. 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 29th Judicial District 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 Peter Purcaro, Director of Court Services, ADA Coordinator at: 48 West 3rd Street, Williamsport, PA 17701

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 Grievance Procedure with Kevin H. Way, Esq. District Court Administrator. A response will be sent to you after careful review of the facts.



APPENDIX A
FOR USE BY JUDICIAL DISTRICTS ONLY

UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA

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

Magisterial District Court No. _____
 District Judge Name: _____
 Criminal Division Civil Division Orphans' Court Division
 Family Division Adult Juvenile
 Specify Address: _____

Proceeding Information (if known)

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

AFTER COMPLETING THE FORM, PLEASE SEND TO:
Court ADA Coordinator, Peter Purcaro at 48 West 3rd Street, Williamsport, PA 17701

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: _____ Date to Provide: _____
 Mobile: _____

Court Official Verification - Section C

VERIFYING OFFICIALS 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) _____ Date: _____
 Title: _____

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Americans with Disabilities Act Grievance Procedure

This grievance procedure outlines the process for 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 29th Judicial District. If you require a reasonable accommodation to complete the attached grievance form (Appendix B), or need this form in an alternate format, please contact Peter J. Purcaro, ADA Coordinator.

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

1. Complete the complaint form and return it to ADA Grievance Officer (Kevin H. Way Esq., District Court Administrator). 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 Grievance Officer 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 Grievance Officer will respond in writing, and where appropriate, in a format accessible to the complainant. The response will explain the position of the 29th Judicial District 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 (15) calendar days after the receipt of the response to the President Judge, 29th Judicial District. Within fifteen (15) calendar days of the receipt of the appeal, the President Judge or his/her designee,

may meet with the complainant to discuss the complaint and possible resolutions. Within fifteen (15) calendar days after the meeting the President Judge, 29th Judicial District, 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 the 29th Judicial District Policy on Non-discrimination and Equal Employment Opportunity, 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.



APPENDIX B

UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA

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: _____