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ABIGAIL Y. INNS
PARALEGAL

Your Name _____

Name of Defendant and Docket No. _____

In order to know how we may better help you, please indicate if you are in need of any of the following:

_____ If you are disabled and require an accommodation to gain access to the Lycoming County Courts and its services, please contact us at the above number.

_____ Hearing or speech disability.

_____ Language interpreter – What language? _____

What is the best way for us to contact you? _____

If you would you like us to communicate with you via e-mail, please provide your email address.

Anything else you would like us to know?
