

52nd Judicial District, Lebanon County

AMERICANS WITH DISABILITIES ACT (TITLE II) POLICY

The Unified Judicial System of Pennsylvania (UJS) 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 UJS, you are entitled, at no cost to you, to the provision of certain assistance. The ADA does not require the 52nd Judicial District, Lebanon County 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 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 UJS 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 52nd Judicial District, Lebanon County 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:

**ADA Coordinator: Leslie Fillak, lfillak@lebcnty.org;
400 S. 8th St., Lebanon, PA 17042; Tel. 717-228-4440; Fax Number: 717-228-4457.**

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 **Leslie Fillak, lfillak@lebcnty.org;
400 S. 8th St., Lebanon, PA 17042; Tel. 717-228-4440; Fax Number: 717-228-4457.** A response will be sent to you after careful review of the facts.



52nd Judicial District, Lebanon County
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 LESLIE FILLAK, LFILLAK@LEBCNTY.ORG, 717-228-4440, FAX: 717-228-4457

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 _____
Mobile: _____ 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: _____

52nd Judicial District, Lebanon County

Americans with Disabilities (Title II) Act Grievance Procedure

This grievance procedure is established for the 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 Unified Judicial System (UJS). If you require a reasonable accommodation to complete this form, or need this form in an alternate format, please contact : Leslie Fillak, ADA Coordinator, at lfillak@lebcnty.org; 400 S. 8th St., Lebanon, PA 17042; Tel. 717-228-4440; Fax Number: 717-228-4457.

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

1. Complete the complaint form and return to: **Leslie Fillak**, lfillak@lebcnty.org; 400 S. 8th St., Lebanon, PA 17042; Tel. 717-228-4440; Fax Number: 717-228-4457. 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, **Leslie Fillak**, 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 ADA Coordinator, **Leslie Fillak**, will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille, or audio. The response will explain the position of the 52nd Judicial District, Lebanon County Court 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 fifteen (15) calendar days after receipt of the response to **Stephanie Axarlis**, saxarlis@lebcnty.org, 400 S. 8th St., Lebanon, PA 17042; Tel. 717-228-4440; Fax Number: 717-228-4457. Within fifteen (15) calendar days after receipt of the appeal, **Stephanie Axarlis** will meet with the complainant to discuss the

complaint and possible resolutions. Within fifteen (15) calendar days after the meeting, **Stephanie Axarlis** 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 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 Opportunity.



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: _____