

LEHIGH COUNTY COURT SYSTEM TITLE II ADA REASONABLE ACCOMMODATION REQUEST FORM

Please return this completed form to the Lehigh County Court ADA Coordinator, Colleen Weber, 455 W. Hamilton Street, Allentown, PA 18101. (610)782-3223, (610) 782-782-3866 Fax, E-mail: ADAcordinator@lehighcounty.org as far in advance as possible, but at a minimum of (5) five days before your scheduled court appearance or other court activity.

1. Date: _____

2. Person needing accommodation

Name: _____

Are you (please check one)

Defendant Plaintiff Witness Juror Victim

Attorney Other: (please specify) _____

3. Contact Information for person needing accommodation

_____ STREET ADDRESS OR P.O BOX

_____ CITY STATE ZIP CODE

_____ TELEPHONE (include area code) EMAIL ADDRESS

4. Person making request (if other than the person needing the accommodation)

Name: _____

_____ TELEPHONE (include area code) EMAIL ADDRESS

Relationship to person needing an accommodation: _____

5. Case Information (if applicable)

Case number, if known: _____

Case caption, if known: _____

Judge, if known: _____

Date(s) accommodation needed: _____

Time accommodation needed: _____

Location (courthouse/courtroom) accommodation needed: _____

Duration for which accommodation is requested: _____

Type of case, if known

Civil Criminal Family Court Juvenile Orphans' Court

Appeal Other: (please specify) _____

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6. Nature of Disability

Nature of disability for which an accommodation is requested:

7. Accommodation requested (please check on of the following)

Sign Language Interpreter (Please specify American Sign Language, oral interpreter, signed English, or other type of signing system used by persons with hearing loss.):

Assignment of courtroom that is accessible to a person using mobility device (Please specify wheelchair, scooter, walker, or other mobility device that is used.):

Other accommodation (Please specify)
