



## PENNSYLVANIA INTERBRANCH COMMISSION FOR GENDER, RACIAL, AND ETHNIC FAIRNESS

### AMERICANS WITH DISABILITIES ACT (TITLE II) POLICY

The Pennsylvania Interbranch Commission (Commission) 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 Commission, you are entitled, at no cost to you, to the provision of certain assistance. The ADA does not require the Commission 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 Commission 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 Commission 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:

Janet Bollers  
Paralegal  
Pennsylvania Interbranch Commission for Gender, Racial, and Ethnic Fairness  
U.S. Steel Tower, Suite 4830  
600 Grant Street  
Pittsburgh, PA 15219  
412-565-3417  
412-553-7033 Fax  
[janet.bollers@pacourts.us](mailto:janet.bollers@pacourts.us)

If you need assistance completing this form, contact Janet Bollers.

Complaints alleging violations of Title II under the ADA may be filed pursuant to the Commission Grievance Procedure with Lisette McCormick, Pennsylvania Interbranch Commission Executive Director. A response will be sent to you after careful review of the facts.

## APPENDIX A

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

Name of Office: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

### Proceeding Information (if known)

Case #: \_\_\_\_\_

Case Name: \_\_\_\_\_

Judge: \_\_\_\_\_

Proceeding Date: \_\_\_\_\_ Proceeding Time: \_\_\_\_\_

Proceeding Type: \_\_\_\_\_

AFTER COMPLETING THE FORM, PLEASE SEND TO:

JANET BOLLERS, PENNSYLVANIA INTERBRANCH COMMISSION, U.S. STEEL TOWER, SUITE 480, 600 GRANT STREET, PITTSBURGH, PA 15219

**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: \_\_\_\_\_  
*(Please print name)*

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

## **Americans with Disabilities Act (Title II) 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 Pennsylvania Interbranch Commission (Commission). If you require a reasonable accommodation to complete this form, or need this form in an alternate format, please contact Janet Bollers, Pennsylvania Interbranch Commission.

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

1. Complete the complaint form (Appendix B) and return to:

Janet Bollers  
Paralegal  
Pennsylvania Interbranch Commission for Gender, Racial, and Ethnic Fairness  
U.S. Steel Tower, Suite 4830  
600 Grant Street  
Pittsburgh, PA 15219  
412-565-3417  
412-553-7033 Fax  
[janet.bollers@pacourts.us](mailto:janet.bollers@pacourts.us)

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 Pennsylvania Interbranch Commission Executive Director 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 Pennsylvania Interbranch Commission Executive Director 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 Pennsylvania Interbranch Commission 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 the Pennsylvania Interbranch Commission Chair. Within fifteen (15) calendar days after receipt of the appeal, the Pennsylvania Interbranch Commission Chair will meet with the complainant to discuss the complaint and possible resolutions. Within fifteen (15) calendar days after the meeting, the Pennsylvania Interbranch Commission Chair 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.

## APPENDIX B

### 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: \_\_\_\_\_