

44<sup>th</sup> Judicial District of Pennsylvania  
Wyoming and Sullivan Counties

**AMERICAN WITH DISABILITIES ACT (Title II) POLICY**

The Unifies 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 participating in or be denied the benefits of the services, programs or activities of a public entity, or be subject 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 any 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, the provision of certain assistance. The ADA does not require the 44<sup>th</sup> 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 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 requestor and the 44<sup>th</sup> Judicial District to determine the best course of action.

To request reasonable accommodations, please complete the *Request for Reasonable Accommodation Form* (Appendix A) and return it to:

Terilyn Wickizer, District Court Administrator  
44<sup>th</sup> Judicial District- Wyoming and Sullivan Counties  
Wyoming County Courthouse  
One Courthouse Square  
Tunkhannock, Pennsylvania 18657  
570-836-3151  
570-836-7901 fax  
[twickizer@wycopa.org](mailto:twickizer@wycopa.org)

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:

Terilyn Wickizer, District Court Administrator  
44<sup>th</sup> Judicial District- Wyoming and Sullivan Counties  
Wyoming County Courthouse  
One Courthouse Square  
Tunkhannock, Pennsylvania 18657  
570-836-3151  
570-836-7901 fax  
[twickizer@wycopa.org](mailto:twickizer@wycopa.org)

A response will be sent to you after careful review of the facts.

44<sup>th</sup> Judicial District of Pennsylvania  
Wyoming and Sullivan Counties

**AMERICAN 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 American with Disabilities Act (ADA) in the provisions 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 the Court ADA Coordinator:

Terilyn Wickizer, District Court Administrator  
44<sup>th</sup> Judicial District- Wyoming and Sullivan Counties  
Wyoming County Courthouse  
One Courthouse Square  
Tunkhannock, Pennsylvania 18657  
570-836-3151  
570-836-7901 fax  
[twickizer@wycopa.org](mailto:twickizer@wycopa.org)

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

1. Complete the complaint for (Appendix A) and return to:

Terilyn Wickizer, District Court Administrator  
44<sup>th</sup> Judicial District- Wyoming and Sullivan Counties  
Wyoming County Courthouse  
One Courthouse Square  
Tunkhannock, Pennsylvania 18657  
570-836-3151  
570-836-7901 fax  
[twickizer@wycopa.org](mailto:twickizer@wycopa.org)

2. Within fifteen (15) calendar days of receipt of the complaint, the ADA Coordinator 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 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 44<sup>th</sup> 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 with fifteen (15) calendar days after receipt of the response to the President Judge of the 44<sup>th</sup> Judicial District. Within fifteen (15) calendar days after receipt of the appeal, the President Judge will meet with the complainant to discuss the complaint and possible resolution. Within fifteen (15) calendar days after the meeting, the President Judge 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 the law.

The UJS policy on Non-Discrimination and Equal Employment Opportunity also encompasses disability-related issues and provides complaint procedures for the UJS court users. Any employment-related disability discrimination complaints will be governed by the UJS Policy on Non-Discrimination and Equal Employment Opportunities.



**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      Proceeding Information (if known)**

<input type="checkbox"/> Magisterial District Court No. _____ District Judge Name: _____ <input type="checkbox"/> Criminal Division <input type="checkbox"/> Civil Division <input type="checkbox"/> Orphans' Court Division <input type="checkbox"/> Family Division <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile Specify Address: _____	Case #: _____
	Case Name: _____
	Judge: _____
	Proceeding Date: _____ Proceeding Time: _____
	Proceeding Type: _____

AFTER COMPLETING THE FORM, PLEASE SEND TO: COURT ADA COORDINATOR  
**Wyoming County Courthouse, One Courthouse Square, Tunkhannock, PA 18657**

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: \_\_\_\_\_ Signature: \_\_\_\_\_  
 (Please print name) \_\_\_\_\_  
 Title: \_\_\_\_\_ Date: \_\_\_\_\_



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: \_\_\_\_\_