



## INTERPRETER / DISABILITY ACCOMMODATION REQUEST FORM

### NAME OF PERSON(S) NEEDING INTERPRETER/SERVICES:

Name(s):

Date Submitted:

Please check the box that most closely describes the person's status in this matter:

- ☐ Plaintiff/Petitioner
 ☐ Defendant/Respondent
 ☐ Parent
 ☐ Child
 ☐ Witness
 ☐ Victim  
☐ Other (please explain)

### NAME OF PERSON SUBMITTING REQUEST:

Name:

Phone:

Email:

Relationship to Case:

### TYPE OF INTERPRETER OR DISABILITY ACCOMMODATION REQUEST:

Language/Dialect:

Accommodation  
Requested:

Country of Origin:

Describe Charges/Proceeding  
AND Nature of Disability

### LOCATION AND CASE TYPE

☐ Magisterial District Court No. 05-

☐ HEARING IS IN PERSON

☐ TEAMS

☐ ZOOM

☐ TELEPHONE

☐ Criminal (not MDJ) ☐ Civil ☐ Orphans' ☐ Magisterial Dist. Court

☐ Pgh Municipal Court ☐ Family-Child Support ☐ Custody

☐ Family-Divorce/Spousal Support ☐ Protection from Abuse

☐ Juvenile - Dependency ☐ Juvenile - Delinquency ☐ Generations

#### Location of proceeding:

Street Address, Room #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### PROCEEDING INFORMATION

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

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

Judge/Hearing  
Officer: \_\_\_\_\_

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

Time: \_\_\_\_\_

Amount of time interpreter is needed  
(including wait time): \_\_\_\_\_

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

SOC CASE? \_\_\_\_\_

**\* EMAIL COMPLETED FORM TO: [courtaccess@alleghecourts.us](mailto:courtaccess@alleghecourts.us) \***

### FOR OFFICIAL USE ONLY:

Service Provider:

Email: \_\_\_\_\_

Interpreter Name: \_\_\_\_\_

Date sent to  
Provider: \_\_\_\_\_

Telephone: \_\_\_\_\_

### VERIFICATION OF SERVICES: TO BE COMPLETED BY PERSON OVERSEEING SERVICES AND RETURNED TO INTERPRETER.

Start Date  
& Time: \_\_\_\_\_

End Date  
& Time: \_\_\_\_\_

Name (print): \_\_\_\_\_

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

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