



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

PROCEEDING INFORMATION

- Magisterial District Court No. 05-
 HEARING IS IN PERSON
 OVER TEAMS ZOOM PHONE only
 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

Docket #: _____

Case Name: _____

Judge/Hearing Officer: _____

Proceeding Date: _____ **Time:** _____

Location of proceeding:

Street Address, Room Number
 City, State Zip

Amount of time interpreter is needed (Including wait time): _____

Phone Number: _____

Proceeding Type: _____

SOC CASE? _____

*** EMAIL COMPLETED FORM AS WORD DOCUMENT OR FILLABLE PDF (FORM ON WEBSITE, PLEASE NO SCANNED PDF'S OR HANDWRITTEN SUBMISSIONS) TO: 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: _____