Suite 300 Frick Building - 437 Grant Street

Pittsburgh, Pennsylvania 15219

Phone: 412.350.5419

**www.alleghenycourts.us**

**Fifth Judicial District Of Pennsylvania**

**Allegheny County**

**Court Administrative Office**



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| Interpreter / Disability Accommodation Request Form |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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**  **Country of Origin** |  | **Accommodation**  **Requested:** |  |
| **Describe Charges/Proceeding *AND* Nature of Disability** |  | | |

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| Location and Case Type | | | | Proceeding Information | | | | |
| **Magisterial District Court No**. **05-** | |  | | **Docket #:** | |  | | |
| **HEARING IS IN PERSON**  **OVER TEAMS  ZOOM  PHONE only** | | |  | **Case Name:** | |  | | |
|  |
| **Criminal (not MDJ)**  **Civil  Orphans’  Magisterial Dist. Court**  **Pgh Municipal Court  Family–Child Support  Custody** | | | | **Judge/Hearing Officer:** | |  | | |
| **Family–Divorce/****Spousal Support  Protection from Abuse**  **Juvenile – Dependency  Juvenile – Delinquency  Generations** | | | | **Proceeding Date:** | |  | **Time**: |  |
| **Location of proceeding:**  **Street Address,**  **Room Number**  **City, State Zip** |  | | | **Amount of time interpreter is needed**  **(Including wait time):** | | | | |
|  |  | | | **Proceeding Type:** | |  | | |
| **Phone Number:** |  | | | **SOC CASE?** | |  | | |
|  |  | | |  |  | | | |
| **\* email completed form as word document or fillable pdf (form on website, please no Scanned pdf’s or handwritten submissions ) to:** [**courtaccess@alleghenycourts.us**](mailto:courtaccess@alleghenycourts.us) **\*** | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 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: | |  |  | |  | | |
|  |  | | | | |  |  | |

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|  | Revised October 2022 |