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**: |       |

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| 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** **\*** |

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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 |