

**County of Lancaster**  
**ADA Policy and Procedure**  
**Requests for Reasonable Accommodations by Persons with Disabilities**

**POLICY STATEMENT**

It is the policy of Lancaster County to assure that qualified individuals with disabilities have equal and full access to the County's proceedings, services, programs, activities, and employment. Nothing in this policy shall be constructed to impose limitations or to invalidate the remedies, rights and procedures accorded to any qualified individual with disabilities under state or federal law. To that end, County of Lancaster staff will make every effort to assist qualified individuals with disabilities who request reasonable accommodations by utilizing the guidelines and procedures established by this policy and other applicable County policies.

**DEFINITIONS**

1. **Accommodation** means measures to make each services, program, or activity, when viewed in its entirety, readily accessible to and usable by an applicant who is a qualified person with a disability, and may include but is not limited to:
  - a. Making reasonable modifications in policies, practices, and procedures.
  - b. Furnishing, at no charge, auxiliary aids and services, including but not limited to equipment, devices, materials in alternative formats, qualified interpreters, or readers.
  - c. As to otherwise unrepresented parties to the proceedings, representation by counsel, as appropriate or necessary to making each service, program, or activity, when viewed in its entirety, readily accessible to and usable by a qualified person with a disability.
2. **Applicant** means any lawyer, party, witness, juror, or any other individual who has a specific interest in or is participating in any County program, service, or activity, including court proceedings.
3. **Person with a disability** means a person covered by the Americans with Disabilities Act of 1990 (§ 42 U.S.C. 12101 *et seq.*), RCW 49.60 *et seq.*, or other similar local, state, or federal laws. This term includes, but is not limited to, an individual who has a physical or mental impairment that limits one or more major life activities, has a documented history of such impairment, or is regarded as having such impairment.
4. **Qualified person with a disability** means a person with a disability who is otherwise entitled to participate in any County of court program, service, or activity.

**INFORMATION FOR PERSONS WITH DISABILITES WHO NEED ACCOMODATIONS TO ACCESS COUNTY AND COURT OFFICES**

**Who may receive an accommodation?** Anyone with a disability who needs assistance to participate in a County service, program activity or court proceeding may request a reasonable accommodation. A Disability is defined by federal and state laws, including the Americans with Disabilities Act and other applicable regulations.

**What information is needed?** Applicants must tell the ADA Coordinator why they need an accommodation and what accommodation they would like. This information will allow the ADA Coordinator to decide if the request may be granted.

**How does an individual ask for a reasonable accommodation?** A *Request for Reasonable Accommodation* form is provided for applicants to complete and submit. The ADA Coordinator may request additional information, if necessary, to determine the need and type of accommodation.

**County of Lancaster**  
**ADA Policy and Procedure**  
**Requests for Reasonable Accommodations by Persons with Disabilities**

**Where is the form provided to request a reasonable accommodation?** The form is located on the County of Lancaster website by clicking on the [Accessibility](#) link located on the bottom of the home page. The form may also be obtained at any County office including the Magisterial District Court Offices or by contacting the ADA Coordinator.

**What accommodations may be requested?** Applicants may request accommodations that assist them to fully and meaningfully participate in a proceeding. Applicants should request the accommodation that will best allow them to do that. A reasonable accommodation could be a sign language interpreter; changes to a courtroom's layout to improve lighting, hearing, or mobility; large print or high contrast documents and forms; hearings held by teleconference; extended time for hearings and recesses; or assistive listening and seeing devices; personal assistance or someone who can help present the case or claim in court.

**When should the form be filed?** The form should be filed as soon as applicants know they need an accommodation. The ADA Coordinator will usually need to receive the request at least 48 hours before the accommodation is needed. Requests coming in later than that will be granted if they are possible.

**Who gets the information?** The request should be submitted to the ADA Coordinator. Information regarding how to contact the ADA Coordinator is available indicated below.

**Must all requests be granted?** No. The ADA Coordinator will deny an accommodation only if it would cause an undue burden, if it would fundamentally alter the County or court proceeding; or it would threaten someone's safety or well-being. A request may also be denied if it is submitted less than 48 hours before the accommodation is needed and is not reasonably possible for the requested accommodation to be provided in the time available. The ADA Coordinator must explain how the request accommodation meets one of these criteria.

**How will I be notified?** You will be notified as you requested in Section 8 of the *Request for Reasonable Accommodation* form. Also, you will receive a written *Notice of Accommodation*.

**INSTRUCTIONS - REQUEST FOR REASONABLE ACCOMMODATIONS**

If you have a disability and you need an accommodation to fully and equally participate in a County of court program, service activity or proceeding, you may request a reasonable accommodation.

To request a reasonable accommodation, complete the *Request for Reasonable Accommodation* form and return the form to the County of Lancaster ADA Coordinator listed below:

County of Lancaster  
Human Resources  
ADA Coordinator  
150 North Queen Street, Suite 312  
Lancaster, PA 17603  
Phone: (717) 299-8310  
Relay Service TTY/TTD 711 or (800) 654-5984  
Fax: (717) 293-7269  
Email: [ADACoordinator@co.lancaster.pa.us](mailto:ADACoordinator@co.lancaster.pa.us)

# County of Lancaster

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If you need additional help completing the *Request for Reasonable Accommodation* form, the above listed individual will arrange to assist you.

Accommodation request are to any qualified person with a disability for whom such accommodation is reasonable and necessary under the Americans with Disabilities Act of 1990 (ADA), other similar local, state, and federal laws. A request will be granted unless:

- It is impossible or impractical for the County office or court to provide the requested accommodation on the date of the proceeding; and the proceeding cannot be continued without prejudice to a party in the proceeding.

You may be required to provide additional information to properly evaluate your accommodation request. If needed, the ADA Coordinator may ask that medical and other health information be submitted. An application for accommodation should be made as far in advance as practical of the proceeding or activity for which the accommodation is sought.

#### STEPS TO COMPLETE REQUEST FOR REASONABLE ACCOMMODATION FORM

- **Section 1.** Fill in your name, address (street, city, state, and zip code), phone number and email address.
- **Section 2.** Fill in the Case Number (if any), Case Name (if any) and date you are completing the form.
- **Section 3.** Identify your specific interest or participation in the proceeding, service, program or activity for which you need an accommodation by checking the corresponding box. If you check the “Other” box, provide specific information regarding your interest or connection to the case, if any.
  - **Definitions of Terms:**
    - **Petitioner/Plaintiff**-If you are the person initiating or starting the case, then you are a “Petitioner/Plaintiff” and should check the “Petitioner/Plaintiff” box.
    - **Defendant/Respondent**-If you are the person against which the case or action is brought or the accused you are a “Defendant/Respondent” and should check the “Defendant/Respondent” box.
    - **Other**-If you are not a participant in a case, check the “Other” box and state your specific interest or connection to the proceeding. (“Other includes, but is not limited to, court observer, interested persons such as a guardian, and interpreter).
- **Section 4.** If you know the date(s) of the proceeding (s), list them. If you do not know the dates at the time you are submitting the form to the ADA Coordinator, and later determine the dates you will need to be accommodated, please contact the ADA Coordinator listed above.
- **Section 5.** You must explain why the accommodation is needed. You should state the nature of your disability and how it prevents you from participating in the County of court proceeding(s). If you are unsure, state the disability as best you can and describe how it affects you. For example, if you have difficulty remember information, or understanding the proceedings due to a learning disability, you need to explain this in this section.
- **Section 6.** What is it you think will help you participate in the County of court proceedings? Examples of accommodations the ADA Coordinator may be asked to provide include: sign language interpreters, assistive listening devices, note takers, readers for persons with impaired eyesight, removal of barriers

**County of Lancaster**  
**ADA Policy and Procedure**  
**Requests for Reasonable Accommodations by Persons with Disabilities**

for persons with mobility impairments, guardians ad litem, or appointed counsel for persons with mental impairments or cognitive disabilities.

- **Section 7.** If there is other information that will help the ADA Coordinator evaluate your request, include it in this section of the form.
- **Section 8.** Check the box which indicates the best way to contact you. Print your name and sign and date the request form. Also, identify the city and state where you are signing the form. Return the form to the ADA Coordinator of the County as listed above.

**NOTICE OF ACCOMMODATION PROCEDURE**

The ADA Coordinator will be responsible for notifying the applicant of the decision regarding their request for reasonable accommodation. The applicant shall be notified of the following information:

- Whether the request was denied or approved.
- The type of accommodation to be provided.
- The duration of the accommodation.
- Who the applicant should contact to acquire the accommodation.
- Explanation of the appeal process.

The Notice of Accommodation Form will be used to notify the applicant in writing of the decision regarding approval or denial of the accommodation. This report will be submitted to all applicants and will be utilized to supplement and document verbal communications to the applicant regarding the ADA Coordinator's decision.

**DENIAL OF ACCOMMODATION**

An application may be denied only if the ADA Coordinator finds that:

1. The applicant has failed to satisfy the substantive requirements of this policy.
2. The requested accommodation would create an undue financial or administrative burden.
3. The requested accommodation would fundamentally alter the nature of the County or court service, program, or activity.
4. Permitting the applicant to participate in the proceeding with the requested accommodation would create a direct threat to the safety or well-being of the applicant or others.

**REVIEW PROCEDURE**

When an accommodation has been denied, an applicant may appeal the decision within five (5) business days of the date of denial by submitting a request for review to the Lancaster County Human Resources Director. The request for review or appeal may be made in writing, verbally or presented by a third party on behalf of the applicant. The Lancaster County Human Resources Director will respond to the applicant within five (5) business days of receipt of the appeal to discuss the decision regarding the accommodation denial. If it is determined by the Lancaster County Human Resources Director that the appeal of the decision has merit, the Lancaster County Human Resources Director will work with the applicant to grant the request or seek resolution of an alternative accommodation that provides equal access to the County of courts programs, services, or activities.

**County of Lancaster**  
**ADA Policy and Procedure**  
**Requests for Reasonable Accommodations by Persons with Disabilities**

**County of Lancaster Notice of Accommodation**

*THIS PAGE TO BE COMPLETED BY THE ADA COORDINATOR*

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Service, Program, Court Case, or Proceeding: \_\_\_\_\_

Case (if applicable): \_\_\_\_\_

Request for Reasonable Accommodation:

- Approved
- Alternate Accommodation Approved
- Request Denied

Type of Accommodation Approved: \_\_\_\_\_

\_\_\_\_\_

Duration of Accommodation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Request for Accommodation was denied based on the following:

- The applicant has failed to satisfy the substantive requirements of this policy.
- The requested accommodation would create an undue financial or administrative burden.
- The requested accommodation would fundamentally alter the nature of the County of court service, program, or activity.
- Permitting the applicant to participate in the proceeding with the requested accommodation would create a direct threat to the safety or well-being of the applicant or others.

\_\_\_\_\_  
*ADA Coordinator*

\_\_\_\_\_  
Date