

## RICHLAND COUNTY COURT OF COMMON PLEAS, GENERAL DIVISION

### ADA TITLE II ACCOMMODATION REQUEST FORM

#### RIGHT TO REASONABLE ACCOMMODATION

If you are an individual with a disability who needs an accommodation in order to participate in a court proceeding or other court service, program, or activity, you are entitled, at no cost to you, to the provision of certain assistance.

Requests for accommodation may be presented on the attached form, in another written format, or orally. If you need assistance in completing this form due to your disability, or to request this document in an alternate format, please contact the Richland County Court of Common Pleas, General Division at 419-774-5730 or by fax at 419-774-5516, Attn. ADA Accommodation. Please submit Requests for Accommodation as far in advance as possible, but preferably at least seven (7) days before your scheduled court appearance or other court activity.

#### ADA ACCOMMODATIONS PROVIDED BY THE RICHLAND COUNTY COURT OF COMMON PLEAS

Pursuant to Title II of the Americans with Disabilities Act, the Court will make reasonable modifications in policies, practices, and procedures; furnish auxiliary aids and services; and afford program accessibility through the provision of accessible facilities, the relocation of services or programs, or the provision of services at alternative sites, as appropriate and necessary.

Examples of auxiliary aids or services that the Court may provide for qualified individuals with disabilities include:

- Assistive listening devices
- Qualified ASL or other types of interpreters for persons with hearing loss
- Communication access real-time translation / Real-time transcription services
- Accessible formats such as large print, electronic document, or audio tapes
- Qualified readers

#### SERVICES THE COURT CANNOT GRANT AS ADA ACCOMMODATIONS

Examples of aids or services the Court **cannot** provide as an accommodation under Title II of the Americans with Disabilities Act include:

- Transportation to and from the courthouse
- Legal counsel or advice
- An official transcript of a court proceeding
- Personal devices such as hearing aids, or prescription eyeglasses
- Personal services such as medical or attendant care
- Readers for personal use or study

Additionally, the courts cannot administratively grant, as an ADA accommodation, requests that impact court procedures within a specific case. Requests for an extension of time, a change of venue, or participation in court proceedings by telephone or videoconferencing must be submitted by written motion to the Presiding Judge as part of the case. The Judge may consider an individual's disability, along with other relevant factors in granting or denying the motion.

Furthermore, the Court cannot exceed the law in granting a request for an accommodation. For example, the Court cannot extend the statute of limitations for filing an action because someone claims that he or she could not make it to the Court on time due to a disability, nor can the Court modify the terms of agreements among parties as an ADA accommodation.

Finally, the Americans with Disabilities Act (ADA) does not require the court system to take any action that would fundamentally alter the nature of court programs, services, or activities, or that would impose an undue financial or administrative burden on the courts.

### **REQUEST FOR DOCUMENTATION IN GRANTING AN ADA ACCOMMODATION**

If an individual has a disability that is not obvious, or when it is not readily apparent how a requested accommodation relates to an individual's impairment, it may be necessary for the Court to require the individual to provide documentation from a qualified health care provider in order for the Court to fully and fairly evaluate the accommodation request. These information requests will be limited to documentation that (a) establishes the existence of a disability; (b) identifies the individual's functional limitations; and (c) describes how the requested accommodation addresses those limitations. Any cost to obtain such documentation is the obligation of the person requesting the accommodation.

### **COMPLAINT/GRIEVANCE PROCESS**

If you have requested a reasonable accommodation to participate in a court proceeding, service or other case-related activity and feel that you have been discriminated against based upon a disability, you may request a meeting with the Court Administrator or the Administrative Judge of the Richland County Common Pleas Court in order to discuss your position and request re-consideration. This internal Complaint/Grievance Process does not prohibit you from filing a complaint with the Ohio Civil Rights Commission, United States Department of Justice, or any other agency. Retaliation against any individual who files a complaint or grievance regarding discrimination or assists in an investigation of complaints is prohibited.

## TITLE II ADA ACCOMMODATION FORM

Please return this form as far in advance of your court proceeding as possible, but preferably at least seven (7) days before your scheduled court appearance or activity. Please submit this Request Form to the Court, at 50 Park Ave E, 3<sup>rd</sup> Floor, Mansfield, Ohio 44902, or fax 419-774-5516 Attn. ADA Accommodation.

**Date Request Submitted:**

**Person needing accommodation**

**Name:** \_\_\_\_\_

**Are you (Please check one of the following):**

Defendant       Plaintiff       Litigant/Party       Witness       Juror

Victim       Attorney       Other (specify) \_\_\_\_\_

**Contact information for person needing accommodation**

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

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

**Person making this request (if other than person needing the accommodation)**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

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

**Relationship to person needing the accommodation:** \_\_\_\_\_

**Case Information (if applicable)**

**Case Number:** \_\_\_\_\_ **Judge/Magistrate:** \_\_\_\_\_

**Date/Time accommodation needed:** \_\_\_\_\_ **Accommodation requested:** \_\_\_\_\_

**Nature of disability that necessitates accommodation**

**TITLE II ADA ACCOMODATION FORM**  
**To Be Completed by Court Personnel Only**

Date request was received: \_\_\_\_\_ Received by: \_\_\_\_\_

Was request complete: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ If no, what additional information is needed: \_\_\_\_\_

Additional information request made on: \_\_\_\_\_

Accommodation granted: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Type of accommodation provided: \_\_\_\_\_

If accommodation is not granted, cite reason for denial:

Based on the information provided, it appears the person does not have a disability as defined by the ADA.

Request related to a service, program, or activity outside the court system (transportation, legal representation, mental health counseling).

Request is for an aid/service the courts cannot administratively grant as an accommodation pursuant to Title II of the ADA. (official transcript, extension of time, etc.)

Requested accommodation would result in an undue fiscal or administrative burden to the Court.

Other (please specify): \_\_\_\_\_

Court staff responding to request: \_\_\_\_\_

Date requesting person notified of determination: \_\_\_\_\_