



WESTMORELAND COUNTY COURT OF COMMON PLEAS
LIMITED ENGLISH PROFICIENCY OR HEARING IMPAIRED
REQUEST FORM

LIMITED ENGLISH PROFICIENCY OR HEARING IMPAIRED REQUEST

Client Information – Section A

Name: _____	Phone: _____
Address: _____	Email: _____
_____	Mobile: _____

Please check the box that most closely describes your status in this matter:

- Plaintiff/Petitioner
 Defendant/Respondant
 Parent
 Child
 Witness
 Attorney
 Victim
 Juror
 Other (please explain) _____

Requestor Information (if different from above)

Name: _____	Bus. Phone/ Mobile: _____
Address: _____	Fax: _____
Relationship to Client: _____	Email: _____
	TTY: _____

LANGUAGE INFORMATION

Language: _____ Dialect: _____

Date Request Submitted: _____

Comments: _____

Location of Proceeding

Proceeding Information (if known)

<input type="checkbox"/> Magisterial District Court No. _____ District Judge Name: _____ <input type="checkbox"/> Criminal Division <input type="checkbox"/> Civil Division <input type="checkbox"/> Orphans' Court Division <input type="checkbox"/> Family Division <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile Specify Address: _____	Case #: _____ Case Name: _____ Judge: _____ Proceeding _____ Proceeding _____ Date: _____ Time: _____ Proceeding _____ Type: _____
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AFTER COMPLETING THE FORM, PLEASE SEND TO: COUNTY LANGUAGE ACCESS/ADA COORDINATOR, OFFICE OF THE COURT ADMINISTRATOR, 2 NORTH MAIN ST., GREENSBURG, PA 15601, FAX (724)830-3558; EMAIL ADA&LanguageAccess@CO.WESTMORELAND.PA.US

FOR OFFICIAL USE ONLY

Service Provider Information - Section B

A SERVICE REQUEST HAS BEEN MADE FOR THE CLIENT NAMED ABOVE.

Service Provider	Fax: _____
Company: _____	_____
Individual	_____
Interpreter Name: _____	Email: _____
Bus. Phone/	Date to
Mobile: _____	Provider: _____

Court Official Verification – Section C

VERIFYING OFFICIAL SHALL MAINTAIN A COPY IN THE COURT'S CASE FILE AND PROVIDE THE ORIGINAL TO THE SERVICE PROVIDER FOR SUBMISSION WITH BILLING.

I hereby verify that the services were performed by the provider in the above-captioned action on the date and time stated.

Start Date & Time: _____	End Date & Time: _____
Court Official: _____ <i>(Please print name)</i>	Signature: _____
Title: _____	Date: _____