

**ADMINISTRATIVE OFFICE OF PENNSYLVANIA COURTS
INTERPRETER CERTIFICATION PROGRAM**

REQUEST FOR ADA ACCOMMODATION

Complete this form only if you are requesting individual arrangements because you have a disability recognized by the Americans with Disabilities Act (ADA).

APPLICANT'S NAME *(Please print)*:

Have you been diagnosed with a disability that is recognized by the ADA?
Yes ___ No ___

Please describe your disability:

I request an accommodation as described below:

Signature:

Date: