

## **TIOGA COUNTY COURT OF COMMON PLEAS**

### **AMERICANS WITH DISABILITIES ACT (TITLE II) POLICY**

The Tioga County Court of Common Pleas complies with Title II of the Americans with Disabilities Act (ADA) which provides that “no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity”. 42 U.S.C.A. §12132. Pursuant to that requirement, if you are an individual with a disability who needs an accommodation in order to participate in any judicial proceeding or any other service, program, or activity of the Court, you are entitled, at no cost to you, to the provision of certain assistance. The ADA does not require the Tioga County Court of Common Pleas to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden.

If you require an accommodation under the ADA, it is recommended that you make your request as soon as possible or at least three (3) business days before your scheduled participation in any court proceeding or program or activity. All requests for accommodation, regardless of timeliness, will be given due consideration and if necessary, may require an interactive process between the requestor and the Tioga County Court of Common Pleas to determine the best course of action.

To request a reasonable accommodation, please complete the *Request for Reasonable Accommodation Form* (Appendix A) and return it to:

Randi Bubb, ADA Coordinator  
118 Main Street  
Wellsboro, PA 16901  
[rbubb@tiogacountypa.us](mailto:rbubb@tiogacountypa.us)  
570-724-9380

If you need assistance completing this form, contact the ADA Coordinator. Complaints alleging violations of Title II under the ADA may be filed pursuant to the Court’s Grievance Procedure with the President Judge. A response will be sent to you after careful review of the facts.

## **Addendum ADA Policy for the 4<sup>th</sup> Judicial District**

It is the policy of this judicial district to prohibit discrimination against all individuals—including those with substance use disorder—in accessing or participating in judicial proceedings or other Court services, programs, or activities.

The United States Department of Justice maintains that blanket or *per se* bans barring or otherwise limiting persons under court supervision (including pretrial probation and release, post-conviction probation and parole, and Problem-Solving Courts—including Adult, Juvenile, or Family Drug Court; DUI Court, Adult or Juvenile Mental Health Court; veterans Treatment Court; Domestic Violence Court) from accessing physician-prescribed medications and treatment is a violation of the Americans with Disabilities Act (ADA).

It is the policy of this judicial district to conform to the position of the United States Department of Justice in the following respects.

Absent an individualized determination, as more fully described below, no judge, unit, or member of this judicial district may prohibit or otherwise limit an individual's use of medication that they have been lawfully prescribed, and that they are taking as prescribed, to treat substance use disorder.

Decisions about whether a person should be prescribed medication, and about medication type and dosage, are to be made only by a licensed prescriber on an individualized basis.

No judge, unit, or member of this judicial district will interfere with a licensed prescriber's decisions about an individual's appropriate medication and treatment regimen.

No judge, unit, or member of this judicial district will express a preference for, or mandate, one medication over another nor in any way penalize or restrict an individual participating in a court proceeding or program from taking their medication as prescribed.

No judge, unit, or member of this judicial district will condition admission to, participation in, or successful completion of a Problem-Solving Court or other court program, service, or activity on reducing, weaning off, or abstaining from taking prescribed medication.

No judge, unit, or member of this judicial district will rely upon prior illicit use of medication for substance use disorder as grounds for prohibiting current use of medication for substance use disorder that comes from a licensed prescriber.

Individuals with substance use disorder who are participating in a court proceeding or program may be required to comply with the treatment recommendations of a licensed prescriber.

This Policy is not intended to interfere with appropriate exercises of judicial discretion in individual cases. To that end, nothing in this Policy limits a judge's discretion to order that an individual be evaluated for medical treatment or comply with a treatment plan as a condition of release, probation, supervision, or participation in a Problem-Solving Court or other court or probation program. In issuing such an order, a judge should make an individualized determination, based on the information available, which may include an individual's criminal, medical, and probation history. An individual's previous illicit use of a medication is not grounds for prohibiting their use of that medication going forward as directed by their licensed provider.

Judges have the authority to monitor medication compliance in the context of a term of probation, supervision, or condition of release and to further the court's public safety obligation. When a judge is concerned about an individual's use or misuse of medication, the judge may act to mitigate and reduce the risk of abuse, misuse, and diversion of medication. In many cases, appropriate action will include, among other things, communication with the prescriber by a probation officer or other UJS personnel as directed by the judge.

Compliance with the ADA does not require that a court allow an individual to participate in, or benefit from, its services or programs if the person poses a "direct threat to the health or safety of others." 28 C.F.R. § 35.139. A determination that an individual poses a direct threat must be grounded in current medical knowledge or the best available objective evidence to ascertain: the nature, duration, and severity of the risk; the probability that the potential injury will actually occur; and whether reasonable modifications of policies, practices, or procedures or the provision of auxiliary aids or services will mitigate the risk. *Id.* A court may not conclude that an individual prescribed medication poses a "direct threat" based on generalizations or scientifically unsupported assumptions about medications or persons who are prescribed medication.

Individuals who believe there has been a violation of this Policy may file a grievance pursuant to the Grievance Procedure of the Tioga County Court of Common Pleas at [Tioga-County-ADA-Policies.pdf \(tiogacountypa.us\)](https://www.tiogacountypa.us/ada/Tioga-County-ADA-Policies.pdf)



**APPENDIX A**  
**FOR USE BY JUDICIAL DISTRICTS ONLY**

UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA

AMERICANS WITH DISABILITIES ACT ACCOMMODATION (ADA) TITLE II REQUEST FOR REASONABLE ACCOMMODATION FORM  
(INCLUDES REQUEST FOR INTERPRETER FOR HEARING /SPEECH IMPAIRED)

**Client Information - Section A**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 \_\_\_\_\_ Mobile: \_\_\_\_\_

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

- Litigant     Plaintiff     Defendant     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: \_\_\_\_\_

**Accommodation**

Nature of the disability for which an accommodation is requested: \_\_\_\_\_

Accommodation requested: \_\_\_\_\_

**Location of Proceeding**

- Magisterial District Court No. \_\_\_\_\_  
 District Judge Name: \_\_\_\_\_  
 Criminal Division     Civil Division     Orphans' Court Division  
 Family Division     Adult     Juvenile  
 Specify Address: \_\_\_\_\_

**Proceeding Information (if known)**

Case #: \_\_\_\_\_  
 Case Name: \_\_\_\_\_  
 Judge: \_\_\_\_\_  
 Proceeding Date: \_\_\_\_\_ Proceeding Time: \_\_\_\_\_  
 Proceeding Type: \_\_\_\_\_

AFTER COMPLETING THE FORM, PLEASE SEND TO: RANDI BUBB, ADA COORDINATOR, 118 MAIN STREET; WELLSBORO, PA 16901, (570) 724-9380, RBUBB@TIOGACOUNTYPA.US

**I hereby certify that an Americans with Disabilities Act accommodation is required in the above-captioned action on the date stated.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

**Service Provider Information - Section B**

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

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

## **Tioga County Court of Common Pleas**

### **Americans with Disabilities (Title II) Act Grievance Procedure**

This grievance procedure is established for the prompt resolution of complaints alleging any violation of Title II of the Americans with Disabilities Act (ADA) in the provision of services, programs, or activities by the Unified Judicial System (UJS). If you require a reasonable accommodation to complete this form, or need this form in an alternate format, please contact Randi Bubb at 570-724-9380.

To file a complaint under the Grievance Procedure please take the following steps:

1. Complete the complaint form and return it to the ADA Coordinator at the Tioga County Courthouse, 118 Main Street, Wellsboro, PA 16901. Alternative means of filing complaints will be made available for persons with disabilities upon request. The complaint should be submitted as soon as possible but no later than sixty (60) calendar days after the alleged violation.
2. Within fifteen (15) calendar days of receipt of the complaint, the ADA Coordinator will investigate the complaint, including, meeting with the individual seeking an accommodation, either in person or via telephone, to discuss the complaint and the possible resolutions. This information will then be given to the President Judge for his review. Within fifteen (15) calendar days of the meeting, the President Judge will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille, or audio. The response will explain the position of the Tioga County Court of Common Pleas and offer options for substantive resolution of the complaint.
3. If the response to the complaint does not satisfactorily resolve the issue, the complainant may appeal the decision within fifteen (15) calendar days after receipt of the response from the President Judge. Within fifteen (15) calendar days after receipt of the appeal, the President Judge and the ADA Coordinator will meet with the complainant to discuss the complaint and possible resolutions. Within fifteen (15) calendar days after the meeting, the President Judge will respond in writing, and, where appropriate, in a

format accessible to the complainant, with a final resolution of the complaint.

This grievance procedure is informal. An individual's participation in this informal process is completely voluntary. Use of this grievance procedure is not a prerequisite to and does not preclude a complainant from pursuing other remedies available under law.

The UJS Policy on Non-Discrimination and Equal Employment Opportunity also encompasses disability-related issues and provides complaint procedures for UJS court users. Any employment-related disability discrimination complaints will be governed by the UJS Policy on Nondiscrimination and Equal Employment Opportunity.



**APPENDIX B**

UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA

**AMERICANS WITH DISABILITIES ACT (ADA) TITLE II  
GRIEVANCE FORM**

**Grievant Information**

Grievant Name: \_\_\_\_\_ Home Phone  
(include area code): \_\_\_\_\_  
Address: \_\_\_\_\_ Business Phone  
(include area code): \_\_\_\_\_  
Mobile Phone  
(include area code): \_\_\_\_\_

**Alternative Contact Person (other than Grievant)**

Name: \_\_\_\_\_ Home Phone  
(include area code): \_\_\_\_\_  
Address: \_\_\_\_\_ Business Phone  
(include area code): \_\_\_\_\_  
Relationship  
To Client: \_\_\_\_\_

**Court Service, Program or Facility Allegedly in Violation**

Date and Location of Alleged Violation (dd/mm/yyyy)

Description of Alleged Violation and Requested Remedy

Has this case been filed with the Department of Justice or other government agency or court?

Yes No

**If You Answered "Yes" to the Previous Question, Complete the Following**

Agency or Court: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone  
(include area code): \_\_\_\_\_  
Date Filed: \_\_\_\_\_

Other Comments

Signature: \_\_\_\_\_ Date: \_\_\_\_\_