

Remote Hearing Protocols

Requests should be made no later than five (5) days before the hearing (however, the court will grant certain exceptions*)

*If you are making the request later than five (5) days prior to the hearing, call the court as soon as possible to let them know of your request. You will still need to submit the above email request, but the court can be on the lookout for the email. The court can be reached at 215-686-2910.

To request a Zoom hearing follow the steps below:

- The request MUST include your client's full name and email address, the docket number, the hearing date and time, the courtroom number, a valid reason for the request (ADA accommodations request or extenuating circumstances), a completed Request for Reasonable Accommodation Form, and a signed Certificate of Compliance (blank copies of the Certificate of Compliance and the ADA Accommodations Request form are below)
 - NOTE: all forms sent to the court MUST be in PDF format
- Send the request to ALL THREE (3) of the following email addresses: kimberly.oliver@courts.phila.gov; krista.mariotti@courts.phila.gov; kim.howlett@courts.phila.gov

Once the court accepts the request, all parties and counsel will receive an email from the court requesting a response to confirm your attendance via Zoom. The email includes a link to register in advance for this meeting. If you are attending via Zoom, click the link and follow the instructions; if your client will be attending by Zoom, instruct them to look for the email and do the same. Once registered, the Zoom hearing information will arrive in an email from FJD Virtual Courtroom – the Zoom login information as well as the direct link are included in that email. On the day of the hearing just click the link or enter the login information into Zoom to enter the virtual waiting room. Instruct your client to do the same.

NOTE: Do not be alarmed if you and/or your client are in the virtual waiting room for quite some time. If you have waited a long time (longer than 30 minutes) and are worried something is wrong, you can call Court Administration at 215-686-2910 to make sure the court knows where to reach you.

To submit documents and exhibits to the court:

- If your Zoom request has already been scheduled and you need to supply the Court with further documents and exhibits, send a copy of your documents to all parties and email your documents to the court so that they may be uploaded to the court docket.
- Send your exhibits, in one PDF file, to ALL THREE (3) of the following email addresses: erin.ferry@courts.phila.gov; danielle.jackson@courts.phila.gov; laura.krause@courts.phila.gov

To request a telephonic hearing for you or your client:

- The request MUST include your phone number, your client's full name and phone number, the docket number, a completed Request for Reasonable Accommodation Form, and a signed Certificate of Compliance
 - NOTE: all forms sent to the court MUST be in PDF format
- Send the request to BOTH of the following email addresses: frank.figaniak@courts.phila.gov and karen.quick@courts.phila.gov
- Submit documents and exhibits to the court the same as above.

If you have any questions about the remote hearings, please reach out to Vijaya Singh at vsingh@phillyvip.org.

CERTIFICATE OF COMPLIANCE

I certify that this filing complies with the provisions of the *Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts* that require filing confidential information and documents differently than non-confidential information and documents.

Submitted by: _____

Signature: _____

Name: _____

Attorney No. (if applicable): _____

FIRST JUDICIAL DISTRICT OF PENNSYLVANIA AMERICANS WITH DISABILITIES ACT (TITLE II) POLICY

The First Judicial District of Pennsylvania (District) 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 District, you are entitled, at no cost to you, to the provision of certain assistance. The ADA does not require the First Judicial District of Pennsylvania 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 District 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 First Judicial District of Pennsylvania to determine the best course of action.

To request a reasonable accommodation, please complete the *Request for Reasonable Accommodation Form* and return it to the ADA Coordinator(s) for your Court, Division or Department. A copy of the list is attached to this Policy. A current copy of the list will be available on the District’s Intranet at: <http://fjdintranet.courts.phila.gov/Pages/Home.aspx> and on the FJD Website at <http://www.courts.phila.gov>. Please call 215-683-6950 if you cannot determine the name of your ADA Coordinator.

If you need assistance completing this form, contact the ADA Coordinator for your Court, Division or Department.

Complaints alleging violations of Title II under the ADA may be filed pursuant to the First Judicial District of Pennsylvania’s **Grievance Procedure** with the below:

**Lead ADA Coordinator
First Judicial District of Pennsylvania
Office of Human Resources
668 City Hall
Philadelphia, PA 19107
(215)683-6950
HumanResources@courts.phila.gov**

A response will be sent to you after careful review of the facts.



FIRST JUDICIAL DISTRICT OF PENNSYLVANIA

AMERICANS WITH DISABILITIES ACT (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

Municipal Court Criminal Civil Traffic
 Court Of Common Pleas
 Trial Division-Criminal Trial Division- Civil 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 THE ADA COORDINATOR FOR YOUR COURT, DIVISION OR DEPARTMENT. AN UPDATED LIST IS AVAILABLE ON THE FJD WEBSITE AT: www.courts.phila.gov/ada.asp

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: _____
 (Please print name)
 Title: _____ Date: _____