

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
IN AND FOR THE COUNTY OF COCONINO

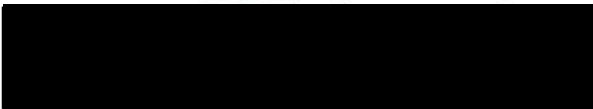
In the Matter of:)
)
POLICY AND PROCEDURE REGARDING) ADMINISTRATIVE ORDER
PUBLIC ACCESS INFORMATION FOR) No. 2021-21
PERSONS WITH DISABILITIES)
_____)

WHEREAS, it is the desire of the Court to establish Policy and Procedures regarding Public Access Information for Persons with Disabilities

WHEREAS, the Coconino County Courts have finalized the attached Policy and Procedure, Public Access Information for Persons with Disabilities;

IT IS ORDERED, that Coconino County Courts Policy and Procedure, Public Access Information for Persons with Disabilities be adopted effective this date.

DATED this 1 day of October, 2021.



HON. DAN R. SLAYTON
Presiding Judge



Coconino County Courts
Public Access Information for Persons with Disabilities
Policy and Procedures

Revised: September 2021

Policy: In accordance with Title II of the Americans with Disabilities Act (ADA) and other applicable laws, it is the policy of all Coconino County Courts to assure that qualified individuals with disabilities have full and equal access to the Court system's services, programs and activities. Nothing in this notice shall be construed to impose limitations upon or to invalidate the remedies, rights and procedures afforded qualified individuals with disabilities under state or federal law.

Accommodation Requests for Court Services, Programs and Activities

The Coconino County Courts are to provide reasonable accommodations, upon request, to qualified individuals with disabilities who require accommodation to fully and equally participate in court services, programs, and activities. The Coconino County Courts have designated an ADA Coordinator to carry out compliance with Title II of the ADA. Qualified individuals with disabilities requiring accommodation to access court services, programs and activities, including, but not limited to, courtroom proceedings, may complete the attached Request for Reasonable Accommodations form and submit it by either mailing it to the ADA Coordinator, or by giving it to courtroom staff or the Clerk's Office. If the requesting individual needs help completing the form, please ask the ADA Coordinator for assistance:

The ADA Coordinator's Contact information is:
Martie Delgadillo, Administrative Senior Manager
200 N. San Francisco Street
Flagstaff, AZ 86001
928-679-7507

Please be sure to submit the Request for Reasonable Accommodations form at least 15 days prior to any scheduled judicial proceeding, service, program or activity. In the event of emergency judicial matters, the ADA Coordinator should be contacted immediately.

The ADA Coordinator will, as soon as reasonable possible, provide a response to the request for accommodation, and notify the requesting individual whether the accommodation will be provided.

In providing reasonable accommodation, although the Coconino County Courts gives primary consideration to the accommodation requested, the Coconino County Courts have exclusive authority to make decisions regarding accommodation requests. An alternative accommodation may be offered, if equally effective.

Definitions: The following definition apply to the Notice and to all matters pertaining to the Coconino County Court's compliance with Title II of the ADA:

- (A) **Accommodations:** this may include, but are not limited to, making reasonable modifications in policies, practices, and procedures; furnishing, at no charge, to qualified individuals with disabilities, auxiliary aids and services, and making each service, program, or activity, when viewed in its entirety, readily accessible to and usable by qualified individuals with disabilities requesting accommodations. The Coconino County Courts are not required to take any action, which would result in a fundamental alteration in the nature of a service, program or activity or an undue financial or administrative burden.
- (B) **Auxiliary aids and services:** this includes (1) qualified interpreters, notetakers, written materials, assistive listening devices, telecommunications devices for deaf persons (TDD's), or other effective methods of making aurally delivered materials available to individuals with hearing impairments; (2) Qualified readers, audio recordings, large print materials, or other effective methods of making visually delivered materials available to individual with visual impairments; (3) Acquisition or modification of equipment or devices; and (4) other similar services and actions.
- (C) **Disability:** means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such and impairment; or regarded as having such an impairment.
- (D) **Grievant:** means an individual who has filed a complaint alleging that he or she has been treated by the Coconino County Courts systems in a discriminatory manner, as a result of disability.
- (E) **Qualified individual with a disability:** means an individual who, with or without reasonable modification to rules, policies, or practices, the removal of architectural, communication, or transportation barriers, or the provision so auxiliary aids and services, meets the essential eligibility requirements for the receipt of services or the participation in programs or activities provided by a public entity.

Effective Communication in Court Services, Programs and Activities

The Coconino County Courts take appropriate steps to ensure that communications with parties, jurors, attorneys, witnesses, and members of the public who are qualified individuals with disabilities are effective. The Coconino County Courts will furnish appropriate auxiliary aids and services where necessary to afford qualified individual with a disability an equal opportunity to participate in or benefit from the Court's services, program and activities.

When a qualified individual with a disability requires an auxiliary aid or service to ensure effective communication, he or she may request the auxiliary aid or service of his or her choice. When the preferred type of auxiliary aid or service is not available or will not be provided, the

ADA Coordinator or designee will consult with the requesting individual and will ascertain whether an alternative means of communication will ensure effective communication.

**Grievance Procedures for Handling a Complaint
about Access to Judicial Programs, Services or Activities**

Any user of the Coconino County Court system—including but not limited to , parties, attorneys, jurors, witnesses, or members of the public—who believes that he or she has been subject to discrimination by the Court based upon a disability, can pursue a complaint through the Coconino County Court’s grievance procedures. These grievance procedures do not in any way limit other legal remedies that may be available. The Coconino County Court’s grievance procedures apply to those qualified individuals with a disability who, with or without reasonable modifications to rules, policies or practices, the removal of barriers, or the provision of auxiliary aids or services, meet the essential eligibility requirements for services, programs, or activities.

(a) Filing a Complaint

Any individual who believe that he or she has been treated by the Coconino County Court system in a discriminatory manner as a result of a disability may file a complaint with the ADA Coordinator. Complaints must be filed in writing, using the attached Grievance Form, within sixty (60) days from the alleged discrimination. The completed Grievance Form should be mailed to the ADA Coordinator at the contact information provided in this Policy. Any individual who requires assistance in filling out the Grievance Form may contact the ADA Coordinator. Alternative methods of submitting an accommodation request, such as by personal interview or a tape recording, will be made available to qualified individuals with disabilities upon request.

The complaint will be addressed through the ADA Coordinator. The findings will be presented to the Court Administrator for determination.

In order to provide the Court Administrator with sufficient information, you are asked on the Grievance Form to describe the event as specifically as possible. You should include the names of anyone who can assist in the investigation. Include a copy of any papers you have that relate to the complaint or that may be of help in understanding your complaint.

(b) Investigation

Complains will be investigated promptly unless you, as the Grievant, are notified otherwise. In some cases, the investigation will include interviews with other individuals, including those you name in your Grievance Form, and an examination of relevant documents and files.

(c) Findings and Determination

Within 45 days of the receipt of the Grievance Form by the ADA Coordinator, a determination would be issued by the Court Administrator. Copies of the determination will be sent to the Grievant and to anyone against whom allegations

have been made. The determination will include, if appropriate, a remedy. For example, if it is determined that the Grievant was treated in a discriminatory manner, possible remedies may include a change in policy or local practices, or appropriate disciplinary action.

(d) Appeal

If you disagree with the determination, an appeal may be filed within 45 calendar days of the date of the determination by submitting a letter for reconsideration (“appeal letter”) to the Presiding Judge of the Superior Court. The appeal letter should be mailed to the ADA Coordinator at the contact information set out in this Policy. The appeal letter should set out the reasons why you disagree with the determination and the remedy you believe is appropriate. The Presiding Judge or other designated judge should make a final determination within 45 calendar days of the date the appeal was received, based upon a complete review of the evidence.

(e) Implementation

The Court Administrator has the responsibility for implementing the final determination. If you have any questions about implementation, you can check with the ADA Coordinator.

(f) Time Limits

All of the offices involved in the resolution of complaints through this grievance process will try to comply with the stated time limits. However, strict compliance is not always possible due to, the need for additional information from the grievant, or the need to complete an unusually complex investigation. Wherever possible, the grievant will be notified about delays.

Alternative Formats: This notice will be made available in alternative formats upon request, such as large print or audiotape.

**Coconino County Courts
Request for Reasonable Accommodations- ADA**

Applicant (name): _____

APPLICANT IS: Witness Juror Attorney Party Other: _____

Applicant's Address: _____

Applicant's Telephone Number: _____

Applicant's Email Address: _____

How do you want to be informed of the status of your request for accommodation?

Phone Writing Email In Person Other (specify) _____

Name of Court or Court Program, Service or Activity for which Accommodation is Requested (if accommodation is for a court case, please specify case name and number):

Street Address: _____

Mailing Address: _____

City and Zip: _____

Applicant requests accommodation under Title II of the Americans with Disabilities Act, as follows:

1. Type of proceeding or court service, activity or program:

Criminal Civil Other (specify) _____

2. Proceedings to be covered (e.g. trial, bail hearing, preliminary hearing, witnesses at trial, sentencing hearing, or other court service, program or activity):

3. Dates accommodations needed (specify): _____

4. Impairment necessitating accommodations (must be one that is covered under ADA. Please provide any supporting medical documentation): _____

5. Type of accommodations (be specific): _____

6. Special requests or anticipated problems (specify): _____

I declare under penalty of perjury under the laws of the state of Arizona that the foregoing is true and correct.

Date: _____

Type or Print Name

Signature of Applicant

Please give the completed form (and any relevant documents) to Coconino County Superior Court courtroom staff, or the Clerk's Office, or submit it by mailing it to the ADA Coordinator at the address listed below:

Martie Delgadillo, Administrative Senior Manager
200 N. San Francisco Street
Flagstaff, AZ 86001
928-679-7507

If you need help completing the form, please ask the ADA Coordinator for assistance. Alternative means of submitting an accommodation request, such as by personal interview or a tape recording, will be made available to qualified individuals with disabilities upon request.

Upon receiving the form, the ADA Coordinator will, as soon as reasonably possible, provide a response to the request for accommodation.

RESPONSE TO REQUEST FOR ACCOMODATION

The request for accommodation is GRANTED because

- The Applicant satisfies the requirements of the rule.
- It does not create an undue burden on the court.
- It does not fundamentally alter the nature of the service, program, or activity.
- Alternative accommodations granted (specify):

The request for accommodation is DENIED because

- The Applicant does not satisfy Title II's requirements; and/or
- It would create an undue burden on the court; and/or
- It would fundamentally alter the nature of the service, program, or activity.

Grievance Procedures: If you are dissatisfied with the response with the response to your request, you may utilize the Grievance Procedures, described in Coconino County Superior Court's "Notice of Court Access Information for Persons with Disabilities." Grievances must be filed within sixty (60) days of the alleged discriminatory act. You may also utilize any other remedy allowed under federal or state law by filing a complaint with the appropriate federal or state agency.

**Coconino County Courts
Grievance Form- ADA**

This form is for use by any user of the Coconino County court system- including but not limited to, parties, attorneys, jurors, witnesses, or members of the public- who believes that he or she has been subject to discrimination by the Coconino County Courts based on a disability in violation of Title II of the Americans with Disabilities Act ("ADA"). This form must be submitted to the ADA Coordinator within sixty (60) days of the alleged discrimination.

Please fill out this form in detail and mail it to the ADA Coordinator, at the following address:

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If assistance is needed to complete this form, the ADA Coordinator will be available to help you, upon request. Alternative means of submitting this form, such as by personal interview or by tape recording, will be made available to qualified individuals with disabilities, upon request.

Name of Complainant: _____

Address: _____

Telephone Number: _____

Nature of Disability: _____

Name, Address and Telephone Number to Alternative Contact Person:

Court/Division Alleged to have Denied Access: _____

Location of Alleged Discrimination: _____

Date/Time of Alleged Discrimination: _____

Please describe the particular way in which you believe you have been denied the benefit, service, program or activity of the Coconino County Courts, or have otherwise been subject of discrimination as a person with a disability, by the Coconino County Courts.

Please state, if known, the names/positions of any Coconino county Court employees involved in the incident, as well as the names, addresses and telephone numbers of any witnesses to any such incident, if available.

Please attached all documentation that you believe to be relevant to this grievance.



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