

Accommodations for Hearing Impaired

Alameda County Sheriff's Office Americans with Disabilities Act (ADA) Policy

No inmate who is a qualified individual with a disability shall, by reason of such disability, be excluded from participation in, or be denied benefits of services, programs, or activities of the jail or be subjected to discrimination.

If an inmate is requesting accommodation in order to participate in a service, program or activity provided by the jail, the inmate shall notify his or her Housing Unit Deputy of the request. If an inmate believes that he or she has not been provided with a reasonable accommodation, the inmate may file a formal grievance. Instructions for submitting a formal grievance can be found in the Inmate Rules.

County of Alameda's ADA Complaint Procedure

If an inmate believes that the County of Alameda, or any of its Offices, including the Sheriff's Office has failed to comply with and/or carry out its responsibilities under the American With Disabilities Act, the inmate may contact the following person to make a complaint: The Alameda County Equal Employment Opportunity Commission at 1301 Clay Street, Suite 1170, Oakland, CA 94612-5217 (800) 669-4000 or TTY 800-669-6820.

Evidence Code 754

Any party or witness to a civil or criminal proceeding who is hearing impaired is entitled to a sign language interpreter or other auxiliary listening device during the proceedings. Evidence Code 754 provides that:

- (b) In any civil or criminal action, including, but not limited to, any action involving a traffic or other infraction, any small claims court proceeding, any juvenile court proceeding, any family court proceeding or service, or any proceeding to determine the mental competency of a person, in any court ordered or court-provided alternative dispute resolution, including mediation and arbitration, or any administrative hearing, where a party or witness is an individual who is deaf or hearing impaired and the individual who is deaf or hearing impaired is present and participating, the proceedings shall be interpreted in a language that the individual who is deaf or hearing impaired understands by a qualified interpreter appointed by the court or other appointing authority, or as agreed upon.
- (n) In any action or proceeding in which an individual who is deaf or hearing impaired is a participant, the appointing authority shall not commence proceedings until the appointed interpreter is in full view of and spatially situated to assure proper communication with the participating individual who is deaf or hearing impaired.

If you need a sign language interpreter or auxiliary listening device for a criminal proceeding, please notify your Housing Unit Deputy.

Contact Numbers for Services of the Deaf or Hearing Impaired

14895 E. 14th Street, Suite 200

Forward to ADA Coordinator

San Leandro, CA 94578

(510) 343-6670 (Voice/Videophone)(877) 322-7288 (Toll Free TTY)

Telecommunications Devices For the Deaf (TDD)

There are dedicated phones at Santa Rita Jail for use by hearing impaired inmates. Inmates requesting assistance in the use of the phones shall notify his or her Housing Unit Deputy.

Educational Classes and Religious Services

If a deaf or hearing impaired inmate desires to attend any classes, including but not limited to any educational classes, drug or alcohol abuse classes or group sessions, or religious services provided by the Alameda Sheriff's Office at Santa Rita Jail and needs an accommodation to effectively participate in the class(es), the inmate shall notify ADA Coordinator via message request.

Sign Language Interpreter to Explain Form

After viewing the Alameda County Sheriff's Office open captioned videotape and reading the Advisement of Accommodations for Hearing-Impaired, inmates shall sign a copy indicating they understand the information. If the inmate requests a sign language interpreter, the County shall provide a sign language interpreter, within 3 business days, to explain the Advisement of Accommodations provided by the Sheriff's Office.

Inmate Signature: _____

Date: _____