

AMERICANS WITH DISABILITIES ACT ACCOMMODATION REQUEST FORM FOR ILLINOIS COURTS

Last updated 01/24

1. Who are you?	
Name of person accommodation is for:	
First and Last Name	
Court case number (if known):	
Role at court: Party to a case (petitioner/plaintiff, respondent/defendant, etc.) Witness Juror Lawyer Court observer Companion (support worker, care or assistance provider, family member) Other:	_
Contact person (if different from above):	
Address: Street Address, Apt. #, City, State, Zip Code	-
Phone number: Email address:	
Best way to reach you? Phone call Text message Email Other	
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2. What is your accommodation request?	
n accommodation helps people with disabilities participate at court. Use this section to describe the type of elp you need at court because of a disability.	
I am requesting (check the box for any accommodations you are requesting. If you select "something else" you must list additional information about the request):	

	☐ Help completing documents
	☐ Extended time
	☐ Change to location of court activity
	☐ Access for my service animal (dog or miniature horse)
	☐ Court documents in large print/Braille
	$\hfill \square$ Something else. Describe the accommodation you need or provide additional information about
	your request here:
3.	When & where do you need an accommodation?
	Date(s)/time accommodation is needed (if known):
	Will this accommodation be requested:
	. □ One time
	Location where accommodation is requested (including courthouse name, address, room (for example,
	clerk's office, jury room, remote courtroom), and any other information you know:
4.	Next steps
	You may submit this request to any court personnel. We encourage submissions to the Court Disability Coordinator:
	Name:
	Address:
	Courthouse Address, Office #, City, State, Zip Code
	Phone number: Email address:
	OFFICE USE ONLY
Accomn	nodation: Granted Denied
	tor notified on: Via:
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