

AMERICANS WITH DISABILITIES ACT ACCOMMODATION REQUEST FORM FOR ILLINOIS COURTS

Last updated 01/24

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1. Who are you?		
Name of person accommodation is for:		
First and La		
Court case number (if known):		
Role at court:		
Party to a case (petitioner/plaintiff, response)	ondent/defendant, etc.)	
□ Witness		
Juror		
□ Lawyer		
□ Court observer		
Companion (support worker, care or ass	istance provider, family member)	
□ Other:		
First and L	ast Name	
Address:		
Street Address, Apt. #, City, State, Zip Code		
Phone number:	Email address:	
Best way to reach you?		
Phone call		
Text message		
Email		
□ Other		

2. What is your accommodation request?

An **accommodation** helps people with disabilities participate at court. Use this section to describe the type of help 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):

- □ Qualified sign language interpreter
- □ Communication Access Real Time Transcription (CART captions)/Assistive Listening Device (ALD)

	Help	completing	documents
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□ Extended time

□ Change to location of court activity

□ Access for my service animal (dog or miniature horse)

□ Court documents in large print/Braille

□ 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:

 \Box One time

 \Box Ongoing

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:

Phone number:
Email address:

OFFICE USE ONLY		
Accommodation:	Granted Denied	
Requestor notified on:	Via:	
Comments:		