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): _____

First and Last 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)

This form is approved by the Illinois Supreme Court and is required to be accepted in all Illinois Courts. Exhibit C

☐ 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

☐ 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

☐ 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:

| For courts to fill out before distributing. |

Name: _____

Address: _____
Courthouse Address, Office #, City, State, Zip Code

Phone number: _____   Email address: _____

OFFICE USE ONLY

Accommodation: _____   ☐ Granted ☐ Denied

Requestor notified on: _____   Via: _____

Comments: