

_____ Circuit Court of the State of Illinois
Request for Accommodation under the Americans with Disabilities Act

(REQUEST TO REMAIN CONFIDENTIAL)

Date: _____

Please Print:

Name of person requesting accommodation: _____

Address: _____

Daytime phone number: _____ E-mail: _____

Type of accommodation requested (please be specific): _____

Date accommodation is needed: _____

Location where accommodation is needed: _____

Signature of Requesting Party _____

Signature of Circuit Clerk _____

Please send a copy of the completed form by mail to:

Court Disability Coordinator

For _____ County

Email: _____