

AMERICANS WITH DISABILITIES ACT APPEAL FORM FOR ILLINOIS COURTS

Last updated 01/24

If the response to your grievance does not resolve your issue and you believe the court has violated the Illinois Supreme Court Disability Access Policy (Policy), the Americans with Disabilities Act (ADA), or the Illinois Human Rights Act (IHRA), you can **appeal** the grievance decision. This appeal may be filed at any time, but the court may move forward with your case if you do not submit your appeal within fifteen (15) business days after you receive the grievance decision.

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1. Wh	o are you?			
Name of p	person appealing:			
	First and Last Name			
Court case	e number (if known):			
_	urt: arty to a case (petitioner/plaintiff, respondent/defendant, etc.) /itness			
La	uror awyer ourt observer			
_	ompanion (support worker, care or assistance provider, family member) ther:			
Contact pe	erson (if different from above):			
First and Last Name				
	Street Address, Apt. #, City, State, Zip Code			
	mber: Email address:			
PI Te	to reach you? hone call ext message mail			

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/5	







2. What happened?

	Describe below how the grievance decision violates the Policy or the ADA. You may also attach a copy of the accommodation request form, accommodation request denial, grievance decision, and/or other supporting documentation.		
3.	When?		
	Date of grievance decision (if known):		
		!	
4.	Next steps		
	Please submit this form to the following Court Disability Coordinator:		
For courts to fill out	Name:		
before distributing.	Courthouse Address, Office #, City, State		
		Enran antifice	