

**Illinois Appellate Court, Fourth District**  
**Request for Accommodation under the Americans with Disabilities Act**  
**(REQUEST TO REMAIN CONFIDENTIAL)**

Please Print:

Date: \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

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

**Appellate Court Disability Coordinator**  
**Office of the Illinois Appellate Court Clerk, Fourth District**  
**201 West Monroe Street,**  
**Springfield, IL 62704**  
**or by e-mail: [ada4thdistrict@IllinoisCourts.gov](mailto:ada4thdistrict@IllinoisCourts.gov)**  
**Phone: ( 217 ) 782-2586**

Please sign to verify the foregoing information: \_\_\_\_\_

Please print name: \_\_\_\_\_

\_\_\_\_\_

**Office Use Only:**

Accommodation: \_\_\_\_\_ granted: \_\_\_\_\_ denied: \_\_\_\_\_

Requestor notified on: \_\_\_\_\_ via: \_\_\_\_\_

Type of accommodation: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_