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.

☐ 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: Kimberly A. Stahl

Address: 106 S. 5th Street, Suite 300 Oregon, IL 61061
Courthouse Address, Office #, City, State, Zip Code

Phone number: 815-732-1130 Email address: circuitclerk@oglecountyil.gov

OFFICE USE ONLY

Accommodation: _____ ☐ Granted ☐ Denied

Requestor notified on: _____ Via: _____

Comments:

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