



**Providing Access to the Courts  
for Persons with Disabilities:  
Policy and Procedures**

**Nineteenth Judicial Circuit  
Circuit Court of Lake County, Illinois**

**The Nineteenth Judicial Circuit ensures that its courts, programs, services, and activities are accessible to all members of the community and prohibits discrimination against persons with disabilities.**

# **Providing Access to the Courts for Persons with Disabilities: Policy and Procedures**

## **Table of Contents**

### Authority

- Illinois Supreme Court Administrative Order
- Nineteenth Judicial Circuit Administrative Order

### Introduction

### Policy Statement and Definitions

### Court Disability Coordinator

- Training
- Record Keeping

### Services and Accommodations

- Notice of Accommodations
- Request for Reasonable Accommodations
- Granting an Accommodation
- Denying an Accommodation

### Complaint Resolution

- Grievance Procedure
- Prohibition of Retaliation

### Frequently Asked Questions

### Forms

- Request for Reasonable Accommodation
- Grievance Form

### Related Documents

- Accommodations Available for Persons with Disabilities
- Disability Etiquette Handbook
- Lake County ADA Policy and Procedures

## **Introduction**

The Americans with Disabilities Act (ADA) is a federal statute intended to protect the civil rights of people with disabilities and ensure they have the same opportunities as people without disabilities. More specifically, Title II of the Act states “no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subject to discrimination by any such entity.” As public entities, circuit courts are required to accommodate the needs of individuals with disabilities to ensure equal access to all court programs.

The Nineteenth Judicial Circuit, Circuit Court of Lake County, Illinois (Circuit Court) takes its responsibilities under the ADA very seriously. The Circuit Court’s Strategic Plan highlights previous accomplishments in the area of increasing accessibility and pledges to continue to advance this issue in the future. The Circuit Court is comprised of 39 judges at five different locations as well as the adult and juvenile probation functions, a juvenile detention center, and a psychological services unit. The Circuit Court, therefore, serves diverse populations with a variety of needs. In an effort to address individual needs in a fair and consistent manner, the Circuit Court has adopted the following policy and procedures to comply with the ADA.

## **Policy**

It is the policy of the Circuit Court to ensure that communications with and accommodations for individuals with disabilities and without disabilities are equally effective, consistent with the requirements of Title II of the ADA. The Circuit Court will make every effort to provide reasonable accommodations at no charge to ensure that individuals with disabilities have an equal opportunity to participate in all aspects of the judicial system, including court proceedings, services, programs, activities and employment.

## **Definitions**

*Accommodation* means measures to make each court service, program, or activity, when viewed in its entirety, readily accessible to and usable by an applicant who is a qualified person with a disability, and may include but is not limited to making reasonable modifications in policies, practices, and procedures and furnishing, at no charge, auxiliary aids and services including but not limited to equipment, devices, materials in alternative formats, qualified interpreters, or readers. The Circuit Court is not required to take any action which would result in a fundamental alteration in the nature of a service, program, or activity or in undue financial or administrative burdens.

*Person with a disability* means a person covered by the Americans with Disabilities Act of 1990 or other similar local, state, or federal laws. The term includes, but is not limited to, an individual who has a physical or mental impairment that limits one or more major life activities, has a documented history of such an impairment, or is regarded as having such an impairment.

*Qualified person with a disability* means a person with a disability who is otherwise entitled to participate in any program, service, or activity made available by the Circuit Court.

## **Court Disability Coordinator**

The Circuit Court has determined that the Director of Administrative Services shall serve as the Court Disability Coordinator (CDC). The CDC shall be responsible for implementing this policy, processing all of the forms referenced herein, and maintaining all confidential records concerning ADA issues. Contact information is as follows:

Marci K. Jumisko  
Director of Administrative Services  
Court Administration  
18 N. County Street, Waukegan, IL 60085-4359

Phone: 847.377.3820  
Fax: 847.984.5626  
TDD: 847.360.2975  
Email: [judicialhr@lakecountyil.gov](mailto:judicialhr@lakecountyil.gov)

## Training

The CDC shall be responsible for overseeing all training efforts related to this policy and procedure document. The Circuit Court is committed to educating all of its employees about the ADA and their responsibilities to ensure that individuals have equal access to programs regardless of disability. All new employees receive a Disability Etiquette handbook that provides information and helpful tips on how to interact with persons with various disabilities. In addition, all employees are required to attend mandatory training on the ADA on a periodic basis. Training sessions typically cover the definitions and requirements of the law and discuss common disabilities and accommodations in more detail.

## Record Keeping

The CDC shall maintain all records related to compliance with the Americans with Disabilities Act. Records shall include but not be limited to this policy and procedure document, notices that accommodations are available, copies of Requests for Reasonable Accommodations and Grievance Forms. All employees of the Nineteenth Judicial Circuit are responsible for forwarding Request for Reasonable Accommodation forms to the CDC within one business day of receipt. All completed forms are confidential and shall be maintained in a locked file for a minimum of seven years.

## **Services and Accommodations**

The Circuit Court provides a wide range of auxiliary aids and services to provide access to persons with disabilities. Examples of auxiliary aids and services include:

- assistive listening devices, qualified sign language interpreters, and real-time transcription services to assist the deaf and hard of hearing;
- a reading scanner and magnifying devices to assist the visually impaired; and
- signage regarding access to buildings, battery-operated scooters, and wheelchairs to assist those with limited mobility.

The Circuit Court may also provide any other reasonable accommodation necessary to permit a person with impairments or disabilities to fully and equally participate in or observe Circuit Court programs.

#### Notice that Accommodations are Available

The current list of services and accommodations provided by the Circuit Court is available on the court's website and by contacting the CDC.

#### Request for Reasonable Accommodations

The current list of services and accommodations provided by the Circuit Court provides contact information for accessing specific services or devices. Individuals may also contact the CDC for more information.

Individuals seeking an accommodation that is not listed should fill out a Request for Reasonable Accommodation Form. The request form is available on the court's website and by contacting the CDC. The request should be submitted in person or via mail or email to the CDC at least ten calendar days in advance of the proceeding or program. The request shall be as specific as possible and include a description of the accommodation sought and the date the accommodation is needed. The CDC shall respond in writing, and, where appropriate, in a format accessible to the applicant, within five calendar days from the date the request was received.

#### Granting an Accommodation

The CDC shall grant an accommodation as follows:

1. In determining whether to grant an accommodation and what accommodation to grant, the CDC shall consider, but is not limited by, the provisions of the Americans with Disabilities Act and related state and federal laws.
2. The applicant will be informed of the decision of the CDC that the request for accommodations is granted or denied, in whole or in part, and the nature of the accommodations to be provided, if any.

3. The CDC will give “primary consideration” to the request of individuals with disabilities. “Primary consideration” means that the Circuit Court will honor the choice of the individual, unless it demonstrates that another equally effective accommodation is available, or that the requested accommodation would result in a fundamental alteration of Circuit Court programs or undue financial and administrative burdens.
4. The CDC may grant accommodations for a particular appearance, for all appearances for a party, or for indefinite period of time. The duration shall be indicated in the CDC’s written response to the individual making the request.

### Denying an Accommodation

The CDC may deny an accommodation request under certain circumstances. Examples of aids or services that the Circuit Court cannot provide as an accommodation under the ADA include:

- Transportation to and from the courthouse
- Legal counsel or advice
- Personal services such as medical or attendant care

The CDC cannot administratively grant, as an ADA accommodation, requests that impact court procedures within a specific case. Requests for an extension of time, a change of venue, or participation in court proceedings by telephone or videoconferencing must be submitted by written motion to the judge hearing the case. The judge may consider an individual’s disability, along with other relevant factors, in granting or denying the motion.

Similarly, the CDC cannot exceed the law in granting a request for an accommodation. For example, the CDC cannot extend the statute of limitations for filing an action or modify the terms of agreements among parties as an ADA accommodation.

The CDC may also deny a request for an accommodation for the following reasons:

1. The individual making the request has failed to satisfy the requirements of this policy; or
2. The requested accommodation(s) would create an undue financial or administrative burden on the Circuit Court; or
3. The requested accommodation(s) would fundamentally alter the nature of the court program.

### **Complaint Resolution**

Individuals have the right to file a complaint when they believe the Administrative Office of the Circuit Court of Lake County, Illinois and its employees have acted in a manner that violates this policy. Individuals are encouraged to attempt to resolve any issues that arise informally

with the staff person involved and/or a supervisor. If the problem cannot be solved at that level, individuals may use the following grievance procedure which has been established to promptly and fairly resolve conflicts or disputes pertaining to the Americans with Disabilities Act.

### Grievance Procedure

Complaints should be addressed to the Court Disability Coordinator (CDC):

Marci K. Jumisko  
Director of Administrative Services  
Court Administration  
18 N. County Street, Waukegan, IL 60085-4359

Phone: 847.377.3820  
Fax: 847.984.5626  
TDD: 847.360.2975  
Email: [judicialhr@lakecountyil.gov](mailto:judicialhr@lakecountyil.gov)

Please contact the CDC if you require a reasonable accommodation to file a complaint or if you require this procedure and the attached form in an alternative format.

1. Use of this grievance procedure is completely voluntary. An individual's right to a prompt and equitable resolution of the complaint filed hereunder shall not be impaired by the person's pursuit of other remedies such as the filing of an ADA complaint with the responsible federal department or agency as permitted under law.
2. A complaint should be filed in writing using the Circuit Court's Grievance Form. All complaints must contain the name, address, and telephone number of the person filing it, and briefly describe the alleged violation.
3. A complaint should be filed within 30 calendar days after the complainant becomes aware of the alleged violation. Complaints may be delivered in person or mailed or submitted via email to the attention of the CDC.
4. The CDC or a designee shall attempt to schedule a meeting in person or via telephone after receipt of the completed complaint form. The purpose of the meeting will be to explore ways to fairly resolve the complaint. If the meeting results in an acceptable solution, the solution shall be put in writing, with one copy sent to the individual who initiated the complaint and one copy kept in the Administrative Office's files.
5. If an initial meeting does not result in a solution, the CDC shall investigate the matter further. These rules contemplate informal but thorough investigations, affording all interested persons and their representatives, if any, an opportunity to submit evidence relevant to the complaint.



6. A written determination as to the validity of the complaint and a description of the resolution, if any, shall be issued by the CDC and a copy forwarded to the complainant no later than fifteen calendar days after its filing.
7. The complainant can request a reconsideration of the case in instances where he or she is dissatisfied with the resolution. The request for reconsideration must be in writing and filed within five calendar days to the Executive Director. The Executive Director shall respond in writing within 10 calendar days with a final resolution of the complaint.
8. These rules shall be construed to protect the substantive rights of interested persons to meet appropriate due process standards and to assure that the Administrative Office of the Circuit Court of Lake County complies with the ADA and implementing regulations.
9. The CDC shall maintain all files and records relating to the complaints filed with the Administrative Office of the Circuit Court of Lake County.

#### Prohibition of Retaliation

The Circuit Court will not discriminate against any individual because that individual opposed any act or practice made unlawful by Title II of the ADA, or because that individual filed a complaint or participated in any manner in an investigation, proceeding, or hearing under Title II of the ADA. The Circuit Court will not coerce, intimidate, threaten, or interfere with any individual in the exercise or enjoyment of any right granted or protected by Title II of the ADA on his or her own behalf or on behalf of another individual.

# **FAQ SHEET**

## **Title II of the Americans with Disabilities Act Nineteenth Judicial Circuit, Circuit Court of Lake County, Illinois**

### **Who qualifies for accommodations under the ADA?**

A person with a disability may receive reasonable accommodation if the individual has a physical or mental impairment that substantially limits one or more major life activity, has a record of such impairment, or is regarded as having such impairment.

### **How do I get an accommodation?**

You may request an accommodation by contacting the Court Disability Coordinator. Requests for accommodations must be in writing via the Request for Reasonable Accommodation Form.

### **Should I inform the court that I need an accommodation?**

Yes. You must notify the court or program that you need a disability accommodation. If you do not request an accommodation, the court is not required to provide one.

### **When should I ask for an accommodation?**

A request for an accommodation may be made at any time. We ask, however, that you notify the court at least ten (10) calendar days prior to your scheduled court appearance.

### **When will I be notified of a decision?**

You will be notified of the decision within five (5) days of receipt of request.

### **May the court deny my request for an accommodation?**

Yes. The court may deny your request if the accommodation will fundamentally alter the nature of the service, program, or activity of the court or program or create undue financial or administrative burdens. If you disagree with the denial of your request, you may submit a complaint using the Grievance Form.

### **If the court suggests a different accommodation, do I have to accept an alternative accommodation?**

The court may offer a different or alternative accommodation. For example, if a juror is blind and requests written material introduced at trial to be transcribed in Braille, the court may consider alternatives such as providing a reader or tape recorded transcript of the written material.

# **FAQ SHEET**

## **Title II of the Americans with Disabilities Act Nineteenth Judicial Circuit, Circuit Court of Lake County, Illinois**

The court is required to find an accommodation that will effectively allow full participation in the court proceedings. The court is not required to provide the best accommodation, but must provide an effective one. Therefore, the accommodation provided may not be your first choice. Determining an appropriate accommodation requires an interactive process between you and the CDC during which your input and suggestions are welcome and important.

### **How do I file a complaint if I am not satisfied with the accommodation?**

You may fill out a Grievance Form available from the CDC or on the court's website. Grievances must be filed within thirty (30) days of the alleged discriminatory act. You may also utilize any other remedy allowed under federal or state law by filing a complaint with the appropriate federal or state agency.

All inquiries may be made to:

Court Disability Coordinator (CDC)  
18 N. County Street  
Waukegan, IL 60085-4359  
P: 847-377-3820 F: 847-984-5626  
[judicialhr@lakecountyil.gov](mailto:judicialhr@lakecountyil.gov)

# Grievance Form

## Nineteenth Judicial Circuit, Circuit Court of Lake County, Illinois

For complaints related to Title II of the Americans with Disabilities Act.

Please print. Form must be submitted within thirty (30) days of the alleged discriminatory act. You may also utilize any other remedy allowed under federal or state law by filing a complaint with the appropriate federal or state agency.

### A. General Information.

1. Date grievance submitted: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

2. Person filing grievance:

Name: \_\_\_\_\_

Please check one of the following options:

Defendant

Litigant/Party

Witness

Juror

Victim

Attorney

Other (please specify): \_\_\_\_\_

3. Contact information for person filing grievance:

Street or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number (include area code): ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

4. Person making request (if other than the person filing the grievance):

Name: \_\_\_\_\_

Telephone Number (include area code): ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Relationship to person filing the grievance: \_\_\_\_\_

### B. Questions to clarify grievance.

5. Court service, program or activity: \_\_\_\_\_

Case number, if known: \_\_\_\_\_

Date(s) of alleged discrimination: \_\_\_\_\_

Time(s) of alleged discrimination: \_\_\_\_\_

Location(s) of the alleged discriminatory act (courthouse/courtroom):  
\_\_\_\_\_

# Grievance Form

## Nineteenth Judicial Circuit, Circuit Court of Lake County, Illinois

For complaints related to Title II of the Americans with Disabilities Act.

6. Please describe the way in which you believe you have been denied the benefit, service, program, or activity of the court, or have otherwise been subject to discrimination as a person with a disability by the court (please be specific).
  
7. Please state, if known, the names or positions of any Nineteenth Judicial Circuit employees involved in the incident, as well as names, addresses, and telephone numbers of any witnesses to any such incident. (Please attach any and all documentation that you believe to be relevant to this grievance.)
  
8. How would you like to be informed of the resolution of your grievance?  
 Phone                                       Writing                                       E-mail  
 In Person                                       Other (specify): \_\_\_\_\_

By signing below, I attest that the information I have provided on this form is accurate, true and correct to the best of my knowledge.

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

Please submit the completed form in person or by mail or e-mail to:

Court Disability Coordinator (CDC)  
18 N. County Street  
Waukegan, IL 60085-4359  
P: 847-377-3820 F: 847-984-5626  
[judicialhr@lakecountyil.gov](mailto:judicialhr@lakecountyil.gov)

If you need help completing the form, please ask the CDC for assistance. Alternative means of submitting a grievance, such as by personal interview or a tape recording, will be made available to qualified individuals with disabilities upon request.

For more detailed information about the Court's Title II ADA policies, please see the court website or contact the CDC.

**Grievance Form**  
**Nineteenth Judicial Circuit, Circuit Court of Lake County, Illinois**

For complaints related to Title II of the Americans with Disabilities Act.

**OFFICE USE ONLY**

RESPONSE TO GRIEVANCE

Date grievance received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Resolution (please be specific):

---

---

---

---

Complainant notified on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      via: \_\_\_\_\_

Additional Remarks:

---

---

---

Court Disability Coordinator: \_\_\_\_\_      Date: \_\_\_\_\_

# Request for Reasonable Accommodation

## Nineteenth Judicial Circuit, Circuit Court of Lake County, Illinois

For requests for accommodation under Title II of the Americans with Disabilities Act.  
ALL REQUESTS SHALL REMAIN CONFIDENTIAL. Please print.

### A. General Information.

1. Date request submitted: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

2. Person needing accommodation:

Name: \_\_\_\_\_

Please check one of the following options:

Defendant                       Litigant/Party                       Witness

Juror                               Victim                               Attorney

Other (please specify): \_\_\_\_\_

3. Contact information for person needing accommodation:

Street or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number (include area code): ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

E-mail Address: \_\_\_\_\_

4. Person making request (if other than the person needing the accommodation):

Name: \_\_\_\_\_

Telephone Number (include area code): ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

E-mail Address: \_\_\_\_\_

Relationship to person needing the accommodation: \_\_\_\_\_

### B. Questions to clarify accommodation requested.

5. Court service, program or activity: \_\_\_\_\_

Case number, if known: \_\_\_\_\_

Date(s) accommodation needed: \_\_\_\_\_

Time(s) accommodation needed: \_\_\_\_\_

Location(s) accommodation needed (courthouse/courtroom):

\_\_\_\_\_

Duration for which the accommodation is requested:

\_\_\_\_\_

# Request for Reasonable Accommodation

## Nineteenth Judicial Circuit, Circuit Court of Lake County, Illinois

For requests for accommodation under Title II of the Americans with Disabilities Act.  
ALL REQUESTS SHALL REMAIN CONFIDENTIAL. Please print.

<p>6. Type of accommodation requested (please be specific):</p>  <p>7. Please provide any information that would help the court respond to your request.</p>  <p>8. How would you like to be informed of the status of your request for accommodation?</p> <table style="width: 100%;"><tr><td><input type="checkbox"/> Phone</td><td><input type="checkbox"/> Writing</td><td><input type="checkbox"/> E-mail</td></tr><tr><td><input type="checkbox"/> In Person</td><td colspan="2"><input type="checkbox"/> Other (specify): _____</td></tr></table>	<input type="checkbox"/> Phone	<input type="checkbox"/> Writing	<input type="checkbox"/> E-mail	<input type="checkbox"/> In Person	<input type="checkbox"/> Other (specify): _____	
<input type="checkbox"/> Phone	<input type="checkbox"/> Writing	<input type="checkbox"/> E-mail				
<input type="checkbox"/> In Person	<input type="checkbox"/> Other (specify): _____					

<p>By signing below, I attest that the information I have provided on this application is accurate, true and correct to the best of my knowledge.</p> <p>Signature: _____ Date: _____</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Please submit the completed form in person or by mail or e-mail to:

Court Disability Coordinator (CDC)  
18 N. County Street  
Waukegan, IL 60085-4359  
P: 847-377-3820 F: 847-984-5626  
[judicialhr@lakecountyil.gov](mailto:judicialhr@lakecountyil.gov)

Requests should be submitted at least 10 calendar days before the scheduled court appearance or other court activity.

If you need help completing the form, please ask the CDC for assistance. Alternative means of submitting an accommodation request, such as by personal interview or a tape recording, will be made available to qualified individuals with disabilities upon request. The CDC will provide a response to the request for accommodation within 5 calendar days from the date the request was received.

For more detailed information about the Court's Title II ADA policies, please see the court website or contact the CDC.



# Request for Reasonable Accommodation

## Nineteenth Judicial Circuit, Circuit Court of Lake County, Illinois

For requests for accommodation under Title II of the Americans with Disabilities Act.  
ALL REQUESTS SHALL REMAIN CONFIDENTIAL. Please print.

### OFFICE USE ONLY

#### RESPONSE TO REQUEST FOR ACCOMMODATION

Date request received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

The request for accommodation is GRANTED because:

- The Applicant satisfies the requirements of the rule.
- It does not create an undue burden on the court.
- It does not fundamentally alter the nature of the service, program, or activity.
- Alternate accommodations granted (specify):

\_\_\_\_\_  
\_\_\_\_\_

The request for accommodation is DENIED because:

- The Applicant does not satisfy Title II's requirements; and/or
- It would create an undue burden on the court; and/or
- It would fundamentally alter the nature of the service, program, or activity.

Applicant notified on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      via: \_\_\_\_\_

Additional Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Court Disability Coordinator: \_\_\_\_\_      Date: \_\_\_\_\_

#### **Grievance Procedures:**

If you are not satisfied with the response to your request, you may utilize the Grievance Procedures described in the "Persons with Disabilities" policy. Grievances must be filed within thirty (30) days of the alleged discriminatory act. You may also utilize any other remedy allowed under federal or state law by filing a complaint with the appropriate federal or state agency.