



# 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.



## 1. Who are you?

Name of person appealing: \_\_\_\_\_  
*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: \_\_\_\_\_



*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.*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Date of grievance decision (if known): \_\_\_\_\_

Please submit this form to the following Court Disability Coordinator:

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

Address: \_\_\_\_\_  
*Courthouse Address, Office #, City, State, Zip Code*

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_