



# 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)

- 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: \_\_\_\_\_

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

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

#### OFFICE USE ONLY

Accommodation: \_\_\_\_\_  Granted  Denied

Requestor notified on: \_\_\_\_\_ Via: \_\_\_\_\_

Comments: