

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:

<input type="checkbox"/> Defendant	<input type="checkbox"/> Litigant/Party	<input type="checkbox"/> Witness
<input type="checkbox"/> Juror	<input type="checkbox"/> Victim	<input type="checkbox"/> Attorney
<input type="checkbox"/> 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:

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6. Type of accommodation requested (please be specific):

7. Please provide any information that would help the court respond to your request.

8. How would you like to be informed of the status of your request for accommodation?

☐ Phone

☐ Writing

☐ E-mail

☐ In Person

☐ Other (specify): _____

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.

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

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.

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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.