

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:

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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.