

Sixth Judicial Circuit Court of Illinois
(Name of county here)
Request for Accommodation under the Americans with Disabilities Act
(REQUEST TO REMAIN CONFIDENTIAL)

Date: _____

Please Print:

Name of person requesting accommodation: _____

Address: _____

Daytime phone number: _____ E-mail: _____

Type of accommodation requested (please be specific): _____

Date accommodation is needed: _____

Location where accommodation is needed: _____

Please send a copy of the completed form by mail to:

Court Disability Coordinator
(Insert County Here) County Circuit Clerk's Office
(Insert Address Here)
Phone: (217) (Insert Phone Number Here)

Please sign to verify the foregoing information:

Please print name: _____

Office Use Only:

Accommodation: granted: denied:
 _____ _____

Requestor notified on: _____

Type of accommodation: _____

Comments: _____
