

CIRCUIT COURT OF WILLIAMON COUNTY
FIRST JUDICIAL CIRCUIT
STATE OF ILLINOIS

Notice of Accommodation Availability

NEED ACCOMMODATION FOR A DISABILITY?

Hearing, Visual, and other assistance may be arranged

Contact the Court Disability Coordinator, Janie Havens, 200 West Jefferson, Suite 260,
Marion, Illinois 62959 or email to: williamsoncountyjudicial@gmail.com

It is the policy of the Supreme Court of Illinois that:

- communications with individuals with disabilities are as effective as communications with individuals without disabilities;
- individuals with disabilities have an equal opportunity to participate in and benefit from all Court activities.

If you require accommodations, auxiliary aids, or other services in order to participate in Court activities, please make your request to the Court Disability Coordinator.

Request shall be made in writing on forms provided by the Court.

Copies of the following documents are available upon request in the Clerk of the Circuit Court's Office, 200 West Jefferson, Marion, IL 62959 and on the Court's website: www.firstcircuitil.org

- Policy on Access for Persons with Disabilities
- Request for Accommodations Form
- Grievance Form

CIRCUIT COURT OF WILLIAMSON COUNTY
FIRST JUDICIAL CIRCUIT
STATE OF ILLNOIS

Request for Accommodation under the Americans with Disabilities Act

(REQUEST TO REMAIN CONFIDENTIAL)

Please Print:

Date: _____

Name of person requesting accommodation: _____

Address: _____

Daytime phone number: _____ E-mail: _____

Type of accommodation requested (please be specific): _____

Date accommodation is needed: _____

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

Court Disability Coordinator

Janie Havens

200 West Jefferson St.

Suite 260

Marion, IL 62959

or by e-mail to: williamsoncountyjudicial@gmail.com

Phone: (618) 997-1301 ext. 1256

Illinois Relay Service Dial 7-1-1

Please sign to verify the foregoing information: _____

Please print name: _____

Office Use Only:

Accommodation: _____ granted: _____ denied: _____

Requestor notified on: _____ via: _____

Type of accommodation: _____

Comments: _____

EXHIBIT B

CIRCUIT COURT OF WILLIAMSON COUNTY
FIRST JUDICIAL CIRCUIT
STATE OF ILLINOIS

Grievance Form

Date: _____

Name of grievant: _____

Address: _____

Daytime Phone Number: _____ E-mail: _____

Type of Accommodation requested: _____

Description of the alleged violation (please be specific): _____

Please send a copy of the completed grievance form to:

Court Disability Coordinator

Janie Havens

200 West Jefferson St.

Suite 260

Marion, IL 62959

or by email to: williamsoncountyjudicial@gmail.com

Phone: (618) 9971301 ext. 1256

Illinois Relay Service Dial 7-1-1

Signature: _____

Print Name: _____

Date: _____

EXHIBIT C