

**CIRCUIT COURT OF JACKSON COUNTY
FIRST JUDICIAL CIRCUIT
STATE OF ILLINOIS**

Notice of Accommodation Availability

NEED A COURTROOM ACCOMMODATION FOR A DISABILITY?

Hearing, Visual, and other assistance may be arranged

Contact the Court Disability Coordinator, Jackson County Circuit Court, Jackson County Courthouse, 1001 Walnut Street, Second Floor Suite 207, Murphysboro, IL 62966 or e-mailed to: mge@jacksonco.net

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.

Requests 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, 1001 Walnut Street, Murphysboro, Illinois and on the Court's website: www.fjc-il.org

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

EXHIBIT A

**CIRCUIT COURT OF JACKSON COUNTY
FIRST JUDICIAL CIRCUIT
STATE OF ILLINOIS**

**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: _____

Location where accommodation is needed: _____

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

**Court Disability Coordinator
Jackson County Circuit Court
P.O. Box 388
Murphysboro, IL 62966
or by e-mail to: mge@jacksonco.net
Phone: (618) 687-7330**

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 JACKSON 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
Jackson County Circuit Court
P.O. Box 388
Murphysboro, IL 62966
or by e-mail to: mge@jacksonco.net
Phone: (618) 687-7330**

Signature: _____

Print Name: _____

Date: _____