



AMERICANS WITH DISABILITIES ACT ACCOMMODATION REQUEST FORM FOR ILLINOIS COURTS

Last updated 01/24

1. Who are you?

Name of person accommodation is for: _____
First and Last Name

Court case number (if known): _____

Role at court:

- Party to a case (petitioner/plaintiff, respondent/defendant, etc.)
- Witness
- Juror
- Lawyer
- Court observer
- Companion (support worker, care or assistance provider, family member)
- Other: _____

Contact person (if different from above): _____
First and Last Name

Address: _____
Street Address, Apt. #, City, State, Zip Code

Phone number: _____ Email address: _____

Best way to reach you?

- Phone call
- Text message
- Email
- Other _____

2. What is your accommodation request?

An accommodation helps people with disabilities participate at court. Use this section to describe the type of help you need at court because of a disability.

I am requesting (check the box for any accommodations you are requesting. If you select "something else" you must list additional information about the request):

- Qualified sign language interpreter
- Communication Access Real Time Transcription (CART captions)/Assistive Listening Device (ALD)

- Help completing documents
- Extended time
- Change to location of court activity
- Access for my service animal (dog or miniature horse)
- Court documents in large print/Braille
- Something else. Describe the accommodation you need or provide additional information about your request here:



3. When & where do you need an accommodation?

Date(s)/time accommodation is needed (if known): _____

Will this accommodation be requested:

- One time
- Ongoing

Location where accommodation is requested (including courthouse name, address, room (for example, clerk's office, jury room, remote courtroom), and any other information you know:



4. Next steps

You may submit this request to any court personnel. We encourage submissions to the Court Disability Coordinator:

For courts to fill out before distributing.

Name: PATTI CLARK

Address: 1001 WALNUT STREET, SECOND FLOOR, MURPHYSBORO, IL 62966

Courthouse Address, Office #, City, State, Zip Code

Phone number: 618-687-7330 Email address: pec@jacksonco.net

OFFICE USE ONLY

Accommodation: _____ Granted Denied

Requestor notified on: _____ Via: _____

Comments: