

STATE OF ILLINOIS  
FOURTH JUDICIAL CIRCUIT - \_\_\_\_\_ COUNTY

**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  
Circuit Clerk's Office

Or by e-mail to: \_\_\_\_\_

Phone: \_\_\_\_\_ TDD: \_\_\_\_\_

Please sign to verify the foregoing information: \_\_\_\_\_

Please print name: \_\_\_\_\_

**Office Use Only:**

Accommodation: \_\_\_\_\_ granted: \_\_\_\_\_ denied: \_\_\_\_\_

Requestor notified on: \_\_\_\_\_ via: \_\_\_\_\_

Type of Accommodation: \_\_\_\_\_

Comments: \_\_\_\_\_