

Supreme Court of Illinois
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
Office of the Supreme Court Clerk
200 East Capitol Avenue
Springfield, IL 62701
or by e-mail to: ADACoordinator@IllinoisCourts.gov

Phone: (217) 782-2035

TDD: (217) 524-8132

Please sign to verify the foregoing information: _____

Please print name: _____

Office Use Only:

Accommodation: _____ granted: _____ denied: _____

Requestor notified on: _____ via: _____

Type of accommodation: _____

Comments: _____