

**15<sup>th</sup> JUDICIAL CIRCUIT**

**Request for Accommodation under the Americans with Disabilities Act**

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  
Office of the Chief Judge  
106 S. 5<sup>th</sup> St., Ste. 306A  
Oregon, IL 61061  
Phone:(815)732-1197**

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

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

**Office Use Only:**

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

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

Type of accommodation: \_\_\_\_\_

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