

Sixth Judicial Circuit Court of Illinois

(Name of county here)

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

(Insert County Here) County Circuit Clerk's Office

(Insert Address Here)

Phone: (217) (Insert Phone Number Here)

Please sign to verify the foregoing information:

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

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Office Use Only:

Accommodation:      granted:      denied:

\_\_\_\_\_      \_\_\_\_\_

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

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

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

\_\_\_\_\_

**EXHIBIT B**