

ILLINOIS SEVENTEENTH JUDICIAL CIRCUIT COURT
COUNTIES OF WINNEBAGO AND BOONE

Request for Accommodation Form

Date: _____

1) Person requesting accommodation:

Name: _____

Address: _____

E-mail: _____ Telephone/TTY Number: _____

Select one of the following options:

Defendant Litigant/Party Witness Victim Juror Attorney

Other (Specify): _____

2) This accommodation will be needed:

Case Number(s) (if any): _____

on (Date) _____ at (Time) _____ am / pm at the
following location: _____

for all proceedings relating to the case number(s) identified above

Other (Specify): _____

3) The accommodation needed is:

Wheelchair Assistance

American Sign Language (ASL) interpreter

Other sign language interpreter (Specify): _____

Real-time transcription

Assistive listening device

Other: (Specify) _____

4) Please provide any addition information that would help the court respond to your request:

5) How would you like to be contacted about and informed of the resolution of this request:

Phone Writing Email Other (Specify): _____

(Complete Number 6 if different from Number 1 above):

6) Person who submitted this Form:

Name: _____

Address: _____

E-mail: _____ Telephone/TTY Number: _____

Telephone/TTY Number: _____

Select one of the following options:

Defendant Litigant/Party Witness Victim Juror Attorney

Other (Specify): _____

By signing below, I attest that the information I have provided on this form is accurate, true and correct to the best of my knowledge.

Signature: _____ Date: _____

Please submit this form in person or by mail or by email to:

Court Disability Coordinator (CDC)

400 West State Street, Room 215

Rockford, Illinois 61101

msmith@17thcircuit.illinoiscourts.gov

If you need help completing this form, please ask for assistance by calling the Court Administration Office at 815-319-4806 and asking for the Court Disability Coordinator. Alternative means of submitting an accommodation request will be made to qualified individuals with disabilities upon request. The CDC will provide a response to a request for accommodation within 7 calendar days from the date the request was received.

Approval:

Date Request Received: _____

The accommodation request is approved

The accommodation request is denied because: _____

By: _____
Court Official / ADA Coordinator

Date