

**Illinois Appellate Court, Third District
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:

**Appellate Court Disability Coordinator
Office of the Illinois Appellate Court Clerk, Third District
1004 Columbus Street
Ottawa, IL 61350
or by e-mail to: ada3rddistrict@IllinoisCourts.gov**

Phone: (815) 434-5050

Please sign to verify the foregoing information: _____

Please print name: _____

Office Use Only:

Accommodation: _____ granted: _____ denied: _____

Requestor notified on: _____ via: _____

Type of accommodation: _____

Comments: _____