Appellate Court of Illinois First 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:

Court Disability Coordinator
Appellate Court of Illinois First District
160 North LaSalle Street, S1400
Chicago, IL 60601
or by e-mail to: ADA1stDistrict@IllinoisCourts.gov
Phone: (312) 793-5484

Please sign to verify the foregoing information:_____

Please print name:_____Appeal Number/NA:_____

Office Use Only
Accommodation:_____granted:_____denied:_____

Requestor notified on:_____via:_____

Type of accommodation:_____

Comments:_____
_____

EXHIBIT B