

**THIRD JUDICIAL CIRCUIT  
STATE OF ILLINOIS**

**REQUEST FOR ACCOMODATION BY PERSONS WITH DISABILITIES**

*Instructions: fill out all of the sections of this form. Send the filled out form to the Court Disability Coordinator, 155 North Main Street, Edwardsville, IL 62025. Attach any additional documents.*

**Name of Person Requesting Accommodation:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Date Accommodation is Needed:** \_\_\_\_\_

**Case name and Case Number (if known):** \_\_\_\_\_

**Type of case:**  Criminal  Civil  Other (Describe: \_\_\_\_\_)

**Location where accommodation is needed:** \_\_\_\_\_

**Person is:**  Juror  Plaintiff  Defendant  Witness  Other

**Describe the nature of the disability that makes accommodation necessary:**

\_\_\_\_\_  
**Describe how the disability affects a major life activity:**

\_\_\_\_\_  
**Suggest the reasonable accommodation that is necessary:**

\_\_\_\_\_  
**Special requests or additional comments:**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**THIRD JUDICIAL CIRCUIT  
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**APPEAL OR GRIEVANCE COMPLAINT FROM PERSON WHO REQUESTED  
ACCOMODATIONS DUE TO DISABILITIES**

*Instructions: File this form with the Office of the Chief Judge, Madison County Courthouse, 155 North Main Street, Edwardsville, IL 62025 no later than ten (10) days after the act or decision complained about. Attach additional documents if necessary.*

**Name of Person filing complaint:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Description of decision or other act alleged (*include dates, locations, names and contact information of witnesses—use additional pages if needed*)**

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**Remedy or solution requested:**

**Signature of complainant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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***Notice: As the complainant, you may have other remedies through state or federal agencies or courts if you want to pursue the matters further or in other locations.***

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