

**Supreme Court of Illinois**  
**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**  
**Office of the Supreme Court Clerk**  
**200 East Capitol Avenue**  
**Springfield, IL 62701**  
or by e-mail to: [ADACoordinator@IllinoisCourts.gov](mailto:ADACoordinator@IllinoisCourts.gov)

**Phone: (217) 782-2035**

**TDD: (217) 524-8132**

Please sign to verify the foregoing information: \_\_\_\_\_

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

**Office Use Only:**

Accommodation: \_\_\_\_\_ granted: \_\_\_\_\_ denied: \_\_\_\_\_

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

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

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

**EXHIBIT B**