

STATE OF ILLINOIS
TWENTY SECOND JUDICIAL CIRCUIT OF MCHENRY COUNTY

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
Twenty Second Judicial Circuit
2200 N. Seminary Avenue, Suite 355
Woodstock, IL 60098

Or by e-mail to: courtadmin@co.mchenry.il.us

Phone: 815-334-4385 Fax: 815-338-0248

Please sign to verify the foregoing information: _____

Please print name: _____

Office Use Only:

Accommodation: _____ granted: _____ denied: _____

Requestor notified on: _____ via: _____

Type of Accommodation: _____

Comments: _____