

CIRCUIT COURT OF COOK COUNTY
Request for Accommodation under the American with Disabilities Act
For Deaf or Hard of Hearing
(REQUEST WILL REMAIN CONFIDENTIAL)

Date: _____

Please Print:

Name of person requesting an accommodation: _____

Address: _____

Daytime phone number: _____ E-mail: _____

Type of accommodation requested (please be specific):

Date and time accommodation is needed: _____

Courthouse where accommodation is needed:

Please send a copy of completed form by mail to:

Disability Coordinator, Office of Interpreter Services
Circuit Court of Cook County
2650 South California Avenue, Room 4B02
Chicago, Illinois 60608

Or, you may scan the completed form and e-mail to:
ocj.deafhardofhearingaccess@cookcountyil.gov

Please sign to verify the above information: _____

Please print name: _____

Office Use Only:

Accommodation Request: _____

Requestor notified on: _____ via: _____

Type of accommodation: _____