

**CIRCUIT COURT OF COOK COUNTY
Office of Accessibility & Education Outreach**

**DEAF / HARD OF HEARING ACCESS
ADA ACCOMMODATION REQUEST**

Date _____

REQUEST INFORMATION:

Name of person in need of accommodation:

E-mail:

Phone / VP:

Type of accommodation requested (please be specific):

- American Sign Language Interpreter
- Certified Deaf Interpreter (CDI)
- Assistive Listening Device (ALD)
- Communication Access Real-Time Translation (CART / Real-Time Captions)
- Other _____

Relationship to case: Defendant Witness/Victim Juror Litigant Other _____

CASE INFORMATION:

Courthouse:

Room Number:

Date:

Time:

Case Number:

or Jury Summons Number:

Judge Name:

Type of Proceeding: Status Hearing Motion Trial Jury Duty Other _____

REQUESTOR INFORMATION:

Name of Requestor:

Relationship to Case:

Phone number/email:

**SEND TO OFFICE OF COURT ACCESSIBILITY AND EDUCATION OUTREACH
DEAF / HARD OF HEARING ACCESS**

EMAIL: ocj.deafhardofhearingaccess@cookcountyil.gov

VIDEOPHONE (312) 603-9187

MAIN: (312) 603-1918

FAX: (312) 603-1929

TTY (312) 603-1914