

Second District Appellate  
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  
2<sup>nd</sup> District Appellate Court Clerk  
55 Symphony Way  
Elgin, IL 60120

or by e-mail to: [ada2nddistrict@IllinoisCourts.gov](mailto:ada2nddistrict@IllinoisCourts.gov)

Phone: (847) 695-3750

TDD: (847) 695-0092

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

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

Office Use Only:

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

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

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

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