

18TH JUDICIAL CIRCUIT COURT, DUPAGE COUNTY, ILLINOIS
REQUEST FOR REASONABLE ACCOMMODATION

(Form 18-1)

Please return this completed form as far in advance as possible, but preferably at least fourteen days before your scheduled court appearance or court activity.

A. General Information

1. Date request submitted: _____

2. Person needing accommodation:

Name: _____

Are you (Please check one of the following options):

- Defendant Plaintiff Litigant/Party/Witness Juror
 Victim Attorney other (specify) _____

B. Information needed to clarify accommodation requested.

3. Court service, program or activity: _____

Case Number, if known: _____

Court Room, if known: _____

List all known dates and times the accommodations are needed: _____

4. What accommodation would you like and why:

5. Please provide any information that would help the court respond to your request.

6. How would you like to be informed of the status of your request for accommodation?

Phone Email Fax U.S. Mail Writing Other

7. Contact information for person needing accommodation

Address:

Phone: _____ Cell Phone: _____

Fax: _____

Email: _____

8. Person making this request (if other than person needing the accommodation)

Name: _____

Phone: _____ Cell Phone: _____

Email: _____

Relationship to person needing the accommodation: _____

Please submit the completed form to:

Court Disability Coordinator (CDC)

505 N. County Farm Road, Room 2015

Wheaton, IL 60187

Email: CDC@18thJudicial.org

Voice: (630) 407-8901

TDD: (630) 407-8910

FAX: (630) 407-8836

Requests should be submitted at least fourteen (14) days in advance. If you need help completing the form, please ask the CDC for assistance. The CDC will provide a written response and where appropriate, in a format accessible to the requestor, within seven (7) calendar days from the date the request was received.