

**IN THE CIRCUIT COURT FOR THE
SIXTH JUDICIAL CIRCUIT
CHAMPAIGN COUNTY, 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 accommodation is needed:

Please send a copy of the completed form to

Lori Hansen
Champaign County Court Administrator
101 E. Main
Urbana, Illinois 61801
lhansen@co.champaign.il.us

Please sign to verify the foregoing information: _____

Please print name:

Office Use Only

Accommodation: granted denied

Requestor notified on:

Type of accommodation:

Comments: