





## Court Disability Coordinator Contact Info



Name: Dan Schetter

 Address: 201 West Pearl St.  
Jerseyville, IL 62052

 Phone Number: (618)498-5571 ext. 124

 Email: circuitclerk@jerseycountyt-il.gov



### Do you need help accessing court because of a disability?

Illinois courts are committed to removing barriers that prevent the full and meaningful participation of anyone with a disability in the court system.

For help or information, contact the above Court Disability Coordinator.



Help for people with disabilities is available. This may be:

- Qualified sign language interpreters, assistive listening devices, video phone, and CART captions
- Documents made available in large-print or Braille
- Access for service animals (dogs and miniature horses)
- Help completing court documents
- Allowing companions, support workers, care providers, and family members



Requests may be made by any means (for example, in writing or verbally). For faster responses, you are encouraged to make your request to the Court Disability Coordinator.



Request and grievance forms are available through the Court Disability Coordinator and by visiting: \_\_\_\_\_





# AMERICANS WITH DISABILITIES ACT ACCOMMODATION REQUEST FORM FOR ILLINOIS COURTS

Last updated 01/24



## 1. Who are you?

Name of person accommodation is for: \_\_\_\_\_  
*First and Last Name*

Court case number (if known): \_\_\_\_\_

Role at court:

- Party to a case (petitioner/plaintiff, respondent/defendant, etc.)
- Witness
- Juror
- Lawyer
- Court observer
- Companion (support worker, care or assistance provider, family member)
- Other: \_\_\_\_\_

Contact person (if different from above): \_\_\_\_\_  
*First and Last Name*

Address: \_\_\_\_\_  
*Street Address, Apt. #, City, State, Zip Code*

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Best way to reach you?

- Phone call
- Text message
- Email
- Other \_\_\_\_\_



## 2. What is your accommodation request?

An **accommodation** helps people with disabilities participate at court. Use this section to describe the type of help you need at court because of a disability.

I am requesting (check the box for any accommodations you are requesting. If you select "something else" you must list additional information about the request):

- Qualified sign language interpreter
- Communication Access Real Time Transcription (CART captions)/Assistive Listening Device (ALD)

- Help completing documents
- Extended time
- Change to location of court activity
- Access for my service animal (dog or miniature horse)
- Court documents in large print/Braille
- Something else. Describe the accommodation you need or provide additional information about your request here:

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### 3. When & where do you need an accommodation?

Date(s)/time accommodation is needed (if known): \_\_\_\_\_

Will this accommodation be requested:

- One time
- Ongoing

Location where accommodation is requested (including courthouse name, address, room (for example, clerk's office, jury room, remote courtroom), and any other information you know:

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### 4. Next steps

You may submit this request to any court personnel. We encourage submissions to the Court Disability Coordinator:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Courthouse Address, Office #, City, State, Zip Code*

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

For courts to fill out before distributing.

#### OFFICE USE ONLY

Accommodation: \_\_\_\_\_  Granted  Denied

Requestor notified on: \_\_\_\_\_ Via: \_\_\_\_\_

Comments:



# AMERICANS WITH DISABILITIES ACT GRIEVANCE FORM FOR ILLINOIS COURTS

Last updated 01/24

You have the right to file a grievance. A **grievance** is a formal complaint that you were not given the accommodations you needed under the Illinois Supreme Court Disability Access Policy (Policy), the Americans with Disabilities Act (ADA), or the Illinois Human Rights Act (IHRA). This grievance may be filed at any time, but the court may move forward with your case if you do not submit your grievance within fifteen (15) business days after you become aware of the alleged violation.



## 1. Who are you?

Name of person with the grievance: \_\_\_\_\_  
*First and Last Name*

Court case number (if known): \_\_\_\_\_

Role at court:

- Party to a case (petitioner/plaintiff, respondent/defendant, etc.)
- Witness
- Juror
- Lawyer
- Court observer
- Companion (support worker, care or assistance provider, family member)
- Other: \_\_\_\_\_

Contact person (if different from above): \_\_\_\_\_  
*First and Last Name*

Address: \_\_\_\_\_  
*Street Address, Apt. #, City, State, Zip Code*

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Best way to reach you?

- Phone call
- Text message
- Email
- Other: \_\_\_\_\_



## 2. What happened?

A. I asked for (*check the box for any accommodations you requested. If you requested "something else" list additional information about the request*):

- Qualified sign language interpreter
- Communication Access Real Time Transcription (CART captions)/Assistive Listening Device (ALD)

- Help completing documents
- Extended time
- Change to location of court activity
- Access for my service animal (dog or miniature horse)
- Court documents in large print/Braille
- Something else. Describe the accommodation you requested or additional information you provided: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



### 3. When & where were you not given the accommodation you requested?

Date(s) denial of accommodation occurred (if known): \_\_\_\_\_

Location where the denial occurred (including courthouse name, address, room (for example, clerk's office, jury room, remote courtroom), and any other information you know about the denial or failure to respond to the request: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



### 4. Next steps

Please submit this grievance to the following Court Disability Coordinator:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Courthouse Address, Office #, City, State, Zip Code*

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

For courts  
to fill out  
before  
distributing

#### OFFICE USE ONLY

Grievance for Accommodation: \_\_\_\_\_

Original denial stands    Hadn't previously decided, will decide now    Accommodation granted

Requestor notified on: \_\_\_\_\_ Via: \_\_\_\_\_

Comments:



# AMERICANS WITH DISABILITIES ACT APPEAL FORM FOR ILLINOIS COURTS

Last updated 01/24

If the response to your grievance does not resolve your issue and you believe the court has violated the Illinois Supreme Court Disability Access Policy (Policy), the Americans with Disabilities Act (ADA), or the Illinois Human Rights Act (IHRA), you can **appeal** the grievance decision. This appeal may be filed at any time, but the court may move forward with your case if you do not submit your appeal within fifteen (15) business days after you receive the grievance decision.



## 1. Who are you?

Name of person appealing: \_\_\_\_\_  
*First and Last Name*

Court case number (if known): \_\_\_\_\_

Role at court:

- Party to a case (petitioner/plaintiff, respondent/defendant, etc.)
- Witness
- Juror
- Lawyer
- Court observer
- Companion (support worker, care or assistance provider, family member)
- Other: \_\_\_\_\_

Contact person (if different from above): \_\_\_\_\_  
*First and Last Name*

Address: \_\_\_\_\_  
*Street Address, Apt. #, City, State, Zip Code*

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Best way to reach you?

- Phone call
- Text message
- Email
- Other: \_\_\_\_\_



## 2. What happened?

Describe below how the grievance decision violates the Policy or the ADA. You may also attach a copy of the accommodation request form, accommodation request denial, grievance decision, and/or other supporting documentation.

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## 3. When?

Date of grievance decision (if known): \_\_\_\_\_



## 4. Next steps

Please submit this form to the following Court Disability Coordinator:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Courthouse Address, Office #, City, State, Zip Code*

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

For courts to fill out before distributing.