

15<sup>th</sup> JUDICIAL CIRCUIT

Request for Accommodation under the American with Disabilities Act

Date \_\_\_\_\_

Name of person requesting accommodation: \_\_\_\_\_

Address: \_\_\_\_\_

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 or email to:

Court Disability Coordinator

Office of the Chief Judge

106 S. 5<sup>th</sup> St., Ste. 306A

[15thTCA@oglecounty.org](mailto:15thTCA@oglecounty.org)

Signature \_\_\_\_\_

OFFICE USE ONLY

Accommodation: \_\_\_\_\_

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

Notified on: \_\_\_\_\_