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.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____

3. When?

Date of grievance decision (if known): _____

4. Next steps

Please submit this form to the following Court Disability Coordinator:

For courts to fill out before distributing.

Name: _____

Address: _____

Courthouse Address, Office #, City, State, Zip Code

Phone number: _____ Email address: _____