

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.

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| 1. Who are you? | |
|---|--|
| Name of person appealing: | |
| First and Last | Name |
| Court case number (if known): | |
| ☐ Witness ☐ Juror | ntiff, respondent/defendant, etc.) |
| _ ` ` ` ` ` ` | are or assistance provider, family member) |
| Contact person (if different from above) | : |
| , | First and Last Name |
| Address:Street Address, Apt. #, City, State, Zi | ip Code |
| Phone number: | Email address: |
| Best way to reach you? Phone call Text message Email | |









2. What happened?

| Describe below how the grievance decision violates the Policy or the ADA. You may also attach opy of the accommodation request form, accommodation request denial, grievance decision, nd/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: Corri Trotter

For courts to fill out before distributing.

Address: P.O. Box 707 Morris, IL 60450

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

Phone number: (815) 941-3256 Email address: ctrotter@grundycountyil.gov