

CLERK OF THE CIRCUIT COURT OF COOK COUNTY  
REQUEST FOR ACCOMODATION UNDER THE AMERICAN WITH DISABILITIES ACT

Request Information:

Name of person making request: \_\_\_\_\_

Name of person in need of accommodation: \_\_\_\_\_ -

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Type of accommodation requested (please be specific): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What service will you be looking to complete?

\_\_\_\_ E-filing assistance service

\_\_\_\_ Court record retrieval

\_\_\_\_ Clerk's Office sponsored program (ex. Expungement Summit/ Child support Summit)

What Clerk's office location will you be visiting? \_\_\_\_\_

Date and time of your planned visit? \_\_\_\_\_

Please list any additional relevant information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please be advised accommodations for court proceedings are handled through The Office of Accessibility and can be reached at [ocj.accomodations@cookcountyil.gov](mailto:ocj.accomodations@cookcountyil.gov) or at (312) 603-1915**

PLEASE ALLOW FOURTEEN (14) DAYS FOR PROCESSING. SEND TO CLERK OF THE CIRCUIT COURT ADA COORDINATOR:

EMAIL: prkeys@cookcountycourt.com  
MAIN: (312) 603-4048  
FAX: (312) 603-5043  
ADDRESS: CLERK OF THE CIRCUIT COURT FOR COOK COUNTY  
ATTN: ADA COORDINATOR  
50 W. WASHINGTON STREET  
ROOM 1003  
CHICAGO, IL 60604

\*Please note: It is the requestor's responsibility to manage case, date changes and location changes.\*