

CLERK OF THE CIRCUIT COURT OF COOK COUNTY
DEAF /HARD OF HEARING ACCESS/ ADA ACCOMODATION REQUEST

Request Information:

Name of person in need of accommodation: _____

Email: _____

Phone: _____

Type of accommodation requested (please be specific):

____ American Sign Language Interpreter (ASL)

____ Certified Dear Interpreter (CDI)

____ Other Please specify: _____

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 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