

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 Deaf Interpreter (CDI)

_____ Other Please specify:

What service will you be looking to complete:

_____ E-filing assistance service

_____ Court record retrieval

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: kjelkhatib@cookcountycourt.com

MAIN: (312) 603-4164