



# 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: \_\_\_\_\_

