

**ILLINOIS APPELLATE COURT, FIFTH DISTRICT  
POLICY ON ACCESS FOR PERSONS WITH DISABILITIES**

I. Introduction

The Americans with Disabilities Act (ADA), a federal civil rights statute for individuals with disabilities, requires all state and local governmental entities, including the courts, to accommodate the needs of individuals with disabilities to ensure equal access to court activities, programs, and services (programs). The Fifth District Appellate Court has adopted the following policy and procedures to ensure reasonable accommodations, auxiliary aids, and services to persons with disabilities who wish to participate in Appellate Court programs.

II. Policy

It is the policy of the Appellate Court to ensure that communications with and accommodations for individuals with disabilities and without disabilities are equally effective, consistent with the requirements of Title II of the ADA. Whenever necessary, the Appellate Court will provide, free of charge, the appropriate auxiliary aids and services to ensure that individuals with disabilities have an equal opportunity to participate in and benefit from any Appellate Court program. This policy applies to all members of the public who seek to participate in the Appellate Court's programs.

III. Services and Accommodations

Auxiliary aids and services include a wide range of services and devices that promote effective communication with persons with disabilities. Examples of auxiliary aids and services for individuals with disabilities include qualified sign language interpreters, assistive listening devices, and real-time transcription services. The Appellate Court may also provide any other reasonable accommodation necessary to permit a person with impairments or disabilities to fully and equally participate in or to observe Appellate Court programs.

IV. Notice that Accommodations are Available

The Appellate Court Disability Coordinator (ADC) in an Appellate District shall provide notice that appropriate accommodations are available to ensure that individuals with disabilities have an equal opportunity to participate in Appellate Court programs by posting notice containing the information on the form attached as Exhibit A in the Appellate Court Clerk's office in the Fifth District and on the Supreme Court's website.

V. Request for Accommodations

The ADC shall provide a request form to individuals who wish to request services or accommodations for persons with disabilities. The request form, attached as Exhibit B, shall be available on the Supreme Court's website and in the Appellate Court Clerk's office in the Fifth District.

Whenever possible, a request for accommodation or services shall be made fourteen (14) days in advance of the proceeding or program. The request shall be as specific as possible and include a description of the accommodation sought and the date the accommodation is needed. The request shall be mailed to the Appellate Court Disability Coordinator, c/o Clerk of the Illinois Appellate Court, Fifth District, 14<sup>th</sup> & Main St., P.O. Box 867, Mt. Vernon, IL 62864 or e-mailed to the Fifth District at the following e-mail address: [ada5thdistrict@illinoiscourts.gov](mailto:ada5thdistrict@illinoiscourts.gov). The ADC shall respond in writing, and, where appropriate, in a format accessible to the requestor, within seven (7) days from the date the request was received.

The ADC will give "primary consideration" to the request of individuals with disabilities. "Primary consideration" means that the Appellate Court will honor the choice of the individual, unless it determines that another equally effective accommodation is available, or that the requested accommodation would result in a fundamental alteration of Appellate Court activities or undue financial and administrative burdens.

#### VI. Grievance Procedure

Individuals have the right to file a grievance when they believe the Appellate Court or its employees have not complied with the provisions of this policy or the request for accommodations procedure. The grievance shall be filed within seven (7) days after the person filing the complaint becomes aware of the action or inaction. A complaint shall be in writing, using the Appellate Court's grievance form, attached as Exhibit C. The grievance shall contain the name and address of the person filing the complaint, and briefly describe the alleged violation. The complaint may be mailed or e-mailed to the attention of the ADC.

Within seven (7) days after receipt of a grievance, the ADC or a designee may meet with the grievant, either in person or by telephone, to discuss the complaint and possible resolutions, if the ADC or designee determines such a meeting would be helpful to a determination. Within seven (7) days after the meeting, or within fourteen (14) days after receipt of the complaint if there is no meeting, the ADC shall respond in writing, and, where appropriate, in a format accessible to the grievant.

If the response by the ADC does not resolve the issue to the satisfaction of the grievant, the grievant may within seven (7) days of the date of the ADC's written response, appeal the decision to the Presiding Justice of the Illinois Appellate Court, Fifth District, c/o Clerk of the Appellate Court, at the mail or e-mail address provided under paragraph V. Any appeal shall be in writing. Within fourteen (14) days after receipt of the appeal, the Presiding Justice will respond in writing to the grievant with a final resolution of the grievance or complaint.

Adopted January 1, 2013, effective immediately.

**Illinois Appellate Court, Fifth District  
Notice of Accommodation Availability**

NEED ACCOMMODATION FOR A DISABILITY?

Hearing, Visual, and other assistance may be arranged

Contact the Appellate Court Disability Coordinator, c/o Clerk of the Illinois Appellate Court, Fifth District, 14<sup>th</sup> & Main St., P.O. Box 867, Mt. Vernon, IL 62864 or (coordinator's e-mail address)

It is the policy of the Illinois Appellate Court that:

- communications with individuals with disabilities are as effective as communications with individuals without disabilities;
- individuals with disabilities have equal opportunity to participate in and benefit from all Appellate Court activities.

If you require accommodations, auxiliary aids, or other services in order to participate in Appellate Court activities, please make your request to the Appellate Court Disability Coordinator.

Requests shall be made in writing on forms provided by the Appellate Court.

Copies of the following documents are available upon request in the Clerk of the Illinois Appellate Court's office in Mt. Vernon and on the Supreme Court's web site, [www.illinoiscourts.gov](http://www.illinoiscourts.gov).

Policy on Access for Persons with Disabilities  
Request for Accommodations Form  
Grievance Form

**Illinois Appellate Court, Fifth District**  
**Request for Accommodation under the Americans with Disabilities Act**  
**(REQUEST TO REMAIN CONFIDENTIAL)**

Please Print:

Date: \_\_\_\_\_

Name of person requesting accommodation: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Date accommodation is needed: \_\_\_\_\_

Location where accommodation is needed: \_\_\_\_\_

\_\_\_\_\_

Please send a copy of this completed form by mail to:

**Appellate Court Disability Coordinator**  
**Office of the Illinois Appellate Court Clerk, Fifth District**  
**14<sup>th</sup> & Main St., P.O. Box 867**  
**Mt. Vernon, IL 62864**  
**or by e-mail at the address listed on page 2 of the policy**  
**Phone: (618) 242-3120**

Please sign to verify the foregoing information: \_\_\_\_\_

Please print name: \_\_\_\_\_

\_\_\_\_\_

**Office Use Only:**

Accommodation: \_\_\_\_\_ granted: \_\_\_\_\_ denied: \_\_\_\_\_

Requestor notified on: \_\_\_\_\_ via: \_\_\_\_\_

Type of accommodation: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**Illinois Appellate Court, Fifth District  
Americans with Disabilities  
Grievance Form**

Date: \_\_\_\_\_

Name of grievant: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of Accommodation requested: \_\_\_\_\_

Description of the alleged violation (please be specific): \_\_\_\_\_

Please send a copy of the completed grievance form to:

**Appellate Court Disability Coordinator  
Office of the Illinois Appellate Court Clerk, Fifth District  
14<sup>th</sup> & Main St., P.O. Box 867  
Mt. Vernon, IL 62864  
or by e-mail at the address listed on page 2 of the policy  
Phone: (618) 242-3120**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_