Fifth Judicial Circuit, Coles County, Illinois

Court Disability Coordinator Contact Info

Name: Melissa Hurst

Address: 651 Jackson Ave., Room #128

Charleston, IL 61920

Phone Number: (217) 348-0516

Email: mhurst@co.coles.il.us

Do you need help accessing court because of a disability?

Illinois courts are committed to removing barriers that prevent the full and meaningful participation of anyone with a disability in the court system.

For help or information, contact the above Court Disability Coordinator.

Help for people with disabilities is available. This may be:

- Qualified sign language interpreters, assistive listening devices, video phone, and CART captions
- Documents made available in large-print or Braille
- Access for service animals (dogs and miniature horses)
- Help completing court documents
- Allowing companions, support workers, care providers, and family member

Requests may be made by any means (for example, in writing or verbally). For faster responses, you are encouraged to make your request to the Court Disability Coordinator.

Request and grievance forms are available through the Court Disability Coordinator and by visiting: www.fifthcircuitil.com/accessibility/

Exhibit A

AMERICANS WITH DISABILITIES ACT ACCOMMODATION REQUEST FORM FOR ILLINOIS COURTS

Last updated 01/24

1. Who are you?

Name of person accommodation is for: _____
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 _____

2. What is your accommodation request?

An **accommodation** helps people with disabilities participate at court. *Use this section to describe the type of help you need at court because of a disability.*

I am requesting (check the box for any accommodations you are requesting. If you select "something else" you must list additional information about the request):

- ☐ Qualified sign language interpreter
- ☐ Communication Access Real Time Transcription (CART captions)/Assistive Listening Device (ALD)

This form is approved by the Illinois Supreme Court and is required to be accepted in all Illinois Courts.

☐ Help completing documents
☐ Extended time
☐ Change to location of court activity
☐ Access for my service animal (dog or miniature horse)
☐ Court documents in large print/Braille
☐ Something else. Describe the accommodation you need or provide additional information about your request here:

_____

_____

_____



3. When & where do you need an accommodation?

Date(s)/time accommodation is needed (if known): _____

Will this accommodation be requested:

☐ One time
☐ Ongoing

Location where accommodation is requested (including courthouse name, address, room (for example, clerk's office, jury room, remote courtroom), and any other information you know:

_____

_____

_____

4. Next steps

You may submit this request to any court personnel. We encourage submissions to the Court Disability Coordinator:

For courts to fill out before distributing.

Name: Melissa Hurst

Address: Coles County Courthouse, 651 Jackson Ave., Room #128, Charleston, IL 61920
Courthouse Address, Office #, City, State, Zip Code

Phone number: (217) 348-0516 Email address: mhurst@co.coles.il.us

OFFICE USE ONLY

Accommodation: _____ ☐ Granted ☐ Denied

Requestor notified on: _____ Via: _____

Comments:

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AMERICANS WITH DISABILITIES ACT GRIEVANCE FORM FOR ILLINOIS COURTS

Last updated 01/24

You have the right to file a grievance. A **grievance** is a formal complaint that you were not given the accommodations you needed under the Illinois Supreme Court Disability Access Policy (Policy), the Americans with Disabilities Act (ADA), or the Illinois Human Rights Act (IHRA). This grievance may be filed at any time, but the court may move forward with your case if you do not submit your grievance within fifteen (15) business days after you become aware of the alleged violation.



1. Who are you?

Name of person with the grievance: _____
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: _____



2. What happened?

A. I asked for (*check the box for any accommodations you requested. If you requested "something else" list additional information about the request*):

- ☐ Qualified sign language interpreter
- ☐ Communication Access Real Time Transcription (CART captions)/Assistive Listening Device (ALD)

This form is approved by the Illinois Supreme Court and is required to be accepted in all Illinois Courts.

☐ Help completing documents

☐ Extended time

☐ Change to location of court activity

☐ Access for my service animal (dog or miniature horse)

☐ Court documents in large print/Braille

☐ Something else. Describe the accommodation you requested or additional information you provided: _____

_____

_____

_____



3. When & where were you not given the accommodation you requested?

Date(s) denial of accommodation occurred (if known): _____

Location where the denial occurred (including courthouse name, address, room (for example, clerk's office, jury room, remote courtroom), and any other information you know about the denial or failure to respond to the request: _____

_____

_____

4. Next steps

Please submit this grievance to the following Court Disability Coordinator:

Name: Melissa Hurst

For courts to fill out before distributing

Address: Coles County Courthouse, 651 Jackson Ave., Room #128, Charleston, IL 61920

Courthouse Address, Office #, City, State, Zip Code

Phone number: (217) 348-0516 Email address: mhurst@co.coles.il.us

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Grievance for Accommodation: _____

☐ Original denial stands ☐ Hadn't previously decided, will decide now ☐ Accommodation granted

Requestor notified on: _____ Via: _____

Comments:

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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: _____

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2. What happened?

Describe below how the grievance decision violates the Policy or the ADA. You may also attach a copy of the accommodation request form, accommodation request denial, grievance decision, and/or other supporting documentation.

3. When?

Date of grievance decision (if known): _____

4. Next steps

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