

**STATE OF ILLINOIS  
THIRTEENTH JUDICIAL CIRCUIT – LASALLE, BUREAU & GRUNDY COUNTY**

**Request for Accommodation under the Americans with Disabilities Act  
(REQUEST TO REMAIN CONFIDENTIAL)**

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

*Please print:*

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 the completed form by mail to:

Court Disability Coordinator  
Mary Romanelli Dremann  
700 South Main St  
Princeton IL 61356

Or by email to: [mdremann@bureaucounty-il.gov](mailto:mdremann@bureaucounty-il.gov)

Phone: (815) 872-2001

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

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

\_\_\_\_\_

**Office Use Only:**

Accommodation \_\_\_\_\_ Granted: \_\_\_\_\_ Denied: \_\_\_\_\_

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

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

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

\_\_\_\_\_