

**EXHIBIT C.1**  
**STATE OF ILLINOIS**  
**TENTH JUDICIAL CIRCUIT PEORIA 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:

Peoria County Courthouse  
Court Disability Coordinator  
324 Main Street - Room 215  
Peoria, IL 61602

Or by e-mail to: [disabilitycoordinator@peoriacounty.org](mailto:disabilitycoordinator@peoriacounty.org)

Phone: (309) 672-6047 TDD: (800) 526-0844

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

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

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**Office Use Only:**

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

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

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

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