

**EXHIBIT C.2**  
**STATE OF ILLINOIS**  
**TENTH JUDICIAL CIRCUIT TAZEWELL 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:

Tazewell County Courthouse  
Court Disability Coordinator  
342 Court St  
Pekin, IL 61554

Or by e-mail to: [ceeten@tazewell.com](mailto:ceeten@tazewell.com)  
Phone: (309) 477-2201 TDY: (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: \_\_\_\_\_