

**CIRCUIT COURT OF SALINE COUNTY  
FIRST JUDICIAL CIRCUIT  
STATE OF ILLINOIS**

**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 Circuit Court of Saline County, Illinois (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 Court programs.

**II. Policy**

It is the policy of the 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 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 Court program. This policy applies to all members of the public who seek to participate in the 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 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 Court programs.

**IV. Notice that Accommodations are Available**

The Court Disability Coordinator (CDC) shall provide notice that appropriate accommodations are available to ensure that individuals with disabilities have an equal opportunity to participate in Court programs by posting notice containing the information on the form attached as Exhibit A in the Circuit Clerk's Office and on the First Judicial Circuit's website.

**V. Request for Accommodations**

The CDC 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 in the Circuit Clerk's Office and on the First Judicial Circuit's website.

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 Court Disability Coordinator, Clerk of the Circuit Court, Saline County Courthouse, 10 East Poplar, Harrisburg, IL 62946 or e-mailed to: [randynybergcc@yahoo.com](mailto:randynybergcc@yahoo.com). The CDC 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 CDC will give "primary consideration" to the request of individuals with disabilities. "Primary consideration" means that the Court will honor the choice of the individual, unless it demonstrates that another equally effective accommodation is available, or that the requested accommodation would result in a fundamental alteration of Court activities or undue financial and administrative burdens.

## **VI. Grievance Procedure**

Individuals have the right to file a grievance when they believe the Court and 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 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 CDC.

Within seven (7) days after receipt of a grievance, the CDC or a designee may meet with the grievant, either in person or by telephone, to discuss the complaint and possible resolutions, if the CDC 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 CDC shall respond in writing, and, where appropriate, in a format accessible to the grievant.

If the response by the CDC does not resolve the issue to the satisfaction of the grievant, the grievant may within seven (7) days of the date of the CDC's written response, appeal the decision to the Chief Judge of the First Judicial Circuit 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 Chief Judge will respond in writing to the grievant with a final resolution of the grievance or complaint.

Adopted January 1<sup>st</sup>, 2013, effective immediately.

CIRCUIT COURT OF SALINE COUNTY  
FIRST JUDICIAL CIRCUIT  
STATE OF ILLINOIS

**Notice of Accommodation Availability**

**NEED ACCOMMODATION FOR A DISABILITY?**

**Hearing, Visual, and other assistance may be arranged**

Contact the Court Disability Coordinator, Clerk of the Circuit Court, Saline County Courthouse,  
10 East Poplar, Harrisburg, IL 62946 or e-mailed to: [randynybergcc@yahoo.com](mailto:randynybergcc@yahoo.com)

**It is the policy of the Supreme Court of Illinois that:**

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

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

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

Copies of the following documents are available upon request in the Clerk of the Circuit Court's Office, 200 West Jefferson, Marion, IL 62959 and on the Court's website: [www.fjc-il.org](http://www.fjc-il.org)

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

**EXHIBIT A**

CIRCUIT COURT OF SALINE COUNTY  
FIRST JUDICIAL CIRCUIT  
STATE OF ILLINOIS

**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 the completed form by mail to:

**Court Disability Coordinator  
Clerk of the Circuit Court  
Saline County Courthouse, 10 East Poplar  
Harrisburg, IL 62946**

**or e-mailed to: [randynybergcc@yahoo.com](mailto:randynybergcc@yahoo.com)**

**Phone: (618) 253-5096**

**Illinois Relay Services**

800-526-0844 (TTY) 800-526-0857 (Voice)

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

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

\_\_\_\_\_

**Office Use Only:**

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

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

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

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

\_\_\_\_\_

**EXHIBIT B**

CIRCUIT COURT OF SALINE COUNTY  
FIRST JUDICIAL CIRCUIT  
STATE OF ILLINOIS

**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:

**Court Disability Coordinator**  
**Clerk of the Circuit Court**  
**Saline County Courthouse, 10 East Poplar**  
**Harrisburg, IL 62946**

**or e-mailed to: [randynybergcc@yahoo.com](mailto:randynybergcc@yahoo.com)**

**Phone: (618) 253-5096**

**Illinois Relay Services**

800-526-0844 (TTY)    800-526-0857 (Voice)

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

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

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

**EXHIBIT C**