I must inform you that I do not speak English AND/OR I cannot speak.  My primary language is		
and I need a	interpreter.	ACCE

#### My rights:

Hello my name is

- I wish to remain silent.
  - I wish to speak with a lawyer as soon as possible.
     OR I have a lawyer and I want him/her to be with me.
- I do not consent to your entry or to your search of these premises.
- I will not sign any document I do not understand.
- I can request reasonable accommodations based on my disability and will provide a reason the accommodation is necessary.





## Under federal and state laws\*, I am a person with a physical disability and I have the right to:

Reasonable accommodations/modifications which may include, but are not limited to:

- Access to personal mobility devices (wheelchair, cane, walker, etc.).
  Accessible restrooms, showers, and beds.
- · Access to appropriate medications and/or treatment.
- Protection from extreme temperatures due to issues with temperature regulation.
- If necessary, loose fitting handcuffs due to issues with circulation.

Other:

\* Title II of the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and the Illinois Human Rights Act.

I must inform you that I <b>do not s</b> My <b>primary language</b> is	peak English AND/OR I cannot speak.	•
and I need a	interpreter.	A (
My rights:		ΪĬ

Halla my nama ia

- I wish to remain silent.
- I wish to speak with a lawver as soon as possible. OR I have a lawyer and I want him/her to be with me.
- I do not consent to your entry or to your search of these premises.
- I will not sign any document I do not understand.
- I can request reasonable accommodations based on my disability and will provide a reason the accommodation is necessary.

### Under federal and state laws\*, I am a person who is <u>Deaf or Hard of Hearing, or Deafblind</u> and I have the right to:

Effective communication and reasonable accommodations/modifications
which may include, but are not limited to:

- Access to hearing aids.
  A Sign Language Interpreter, a Certified Deaf Interpreter (CDI), or Deaf/Hearing team.
- Videophones or captioned telephones allowing me to communicate
- with my family, lawyer, and/or advocate.

  If necessary, I should be handcuffed in front of my body so that

I can still communicate by signing or writing notes.

Other:

<sup>\*</sup> Title II of the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and the Illinois Human Rights Act.

I must inform you tha My <b>primary langua</b> ç	l do not speak English AND/OR I cannot speak.	
and I need a	interpreter.	T
My rights:	İ	Ī



- I wish to remain silent.
- I wish to speak with a lawver as soon as possible. OR I have a lawyer and I want him/her to be with me.
- I do not consent to your entry or to your search of these premises.
- I will not sign any document I do not understand.
- I can request reasonable accommodations based on my disability and will provide a reason the accommodation is necessary.



### a <u>cognitive disability</u> and I have the right to:

Reasonable accommodations/modifications which may include, but are not limited to:

Simple and clear language, pictures, and symbols.

Under federal and state laws\*, I am a person with

Additional time to process information and respond.
 Concrete questions and comprehension checks.

Assistive technology.

• Access to a cognitive facilitator or advocate.

Other:

\* Title II of the Americans with Disabilities Act, Section 504 of the Rehabilitation
Act of 1973, and the Illinois Human Rights Act.

I must inform you tha My <b>primary langua</b> ç	l do not speak English AND/OR I cannot speak.	
and I need a	interpreter.	T
My rights:	İ	Ī



- I wish to remain silent.
- I wish to speak with a lawver as soon as possible. OR I have a lawyer and I want him/her to be with me.
- I do not consent to your entry or to your search of these premises.
- I will not sign any document I do not understand.
- I can request reasonable accommodations based on my disability and will provide a reason the accommodation is necessary.



# a <u>mental health disability</u> and I have the right to:

Reasonable accommodations/modifications which may include, but are not limited to:

Access to appropriate medications and/or treatment.

Under federal and state laws\*, I am a person with

Access to appropriate medications and/or treatment.
 Access to a mental health professional.

_			

<sup>\*</sup> Title II of the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and the Illinois Human Rights Act.

I must inform you that I do not sp My primary language is	peak English AND/OR I cannot speak.	
and I need a	interpreter.	A C C E
My rights:		

I wish to remain silent.

Hello, my name is

- I wish to speak with a lawyer as soon as possible.
- OR I have a lawyer and I want him/her to be with me.
- I do not consent to your entry or to your search of these premises.
- I will not sign any document I do not understand.
  - I can request reasonable accommodations based on my disability and will provide a reason the accommodation is necessary.



Under federal and state laws\*, I am a person who is on the <u>Autism spectrum</u> and/or someone with a sensory <u>disorder</u> and I have the right to:

Reasonable accommodations/modifications which may include, but are not limited to:

- Reduced sensory input (lights, sound, touch, etc.).

  Short and direct language, pictures, visuals, and symbols,
- Additional time to process information and respond.
- · Access to someone familiar with autism and sensory disorders.
- Ability to hold non-violent objects.
  If necessary, loose-fitting handcuffs due to sensory issues.

If necessary, loose-fitting handcuffs due to sensory issues.

Other:

\* Title II of the Americans with Disabilities Act. Section 504 of the Rehabilitation

\* Title II of the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and the Illinois Human Rights Act.