

AMERICANS WITH DISABILITIES ACT

ADA Coordinator Designation

Court Name: _____

Court Number: _____

Chief Judge: _____

Name of ADA Coordinator: _____

Title: _____

Address: _____

Phone Number: _____

Fax Number: _____

E-mail Number: _____

Has the court adopted/developed a written accommodations policy?

Yes _____

No _____

Chief Judge Signature: _____

Dated: _____

Signature