

ADA Performance Measure Compliance Form
For an ADA Contact

Please return this form to your regional administrator.

Court Name: _____

Court Location: _____

Name of ADA Contact: _____

Title: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email: _____

Name of ADA Contact being replaced (if applicable): _____

Today's Date: _____

For a list of current ADA coordinators and contacts, visit the [Trial Court Directory](#), select your county, and scroll to the ADA coordinator tab.

For Regional Office Use Only

LAO Number