

ADA Performance Measure Compliance Form
For an ADA Coordinator

Please return this form to your regional administrator.

Court Name: _____

Name of ADA Coordinator: _____

Title: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email: _____

Name of ADA Coordinator 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.

Training Certification

The ADA coordinator must complete ADA training. One method to complete this training is to view the 23-minute video and read the materials available [here](#).

I certify that the ADA coordinator named above has participated in training regarding the duties and obligations of a court as required by Administrative Order No. 2015-5 on the date or dates listed below.

Chief Judge Signature

Training Date(s)

For Regional Office Use Only

LAO Number