



Rutherford County, Tennessee

303 N. Church Street Suite 200
 Murfreesboro, TN 37130
ada@rutherfordcountyttn.gov

Phone: (615)494-4480
 Fax: (615)907-5699

ADA Assistance Questionnaire

Please complete the requested information below in its entirety and return to the ADA Coordinator via email.

Your name (requestor), email address, and phone number	
Name and phone number of the person needing assistant	
ADA qualifying Individual(s) role (plaintiff, defendant, victim, witness, juror, etc.)	
Date and Time assistance is needed	
Duration	
Case Number	
Case Caption (X v. Y) – Plaintiff v Defendant	
Judge	
Name and phone number of Attorney/DA/PD assisting the ADA qualifying person	
Guardian Ad Litem (GAL) (if a juvenile case)	
Type of Case (criminal, civil, juvenile, municipal, plea, jury trial, bench trial, etc)	
Charge(s)	
Name of building ADA services are needed	
Address of building ADA services are needed	
Courtroom	
Any special parking (i.e. parking garage)	
Check-in procedure	
On-site contact name and phone number	
Type of Assistance or Service Requested	
Any other important information (police report, complaint, answer, interrogatories, warrant, etc)	

By signing below, I understand that a 48-hour cancellation notice is required.

 Signature of Requestor

 Date