



U.S. Department of Justice

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Middle District of Tennessee

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VIA EMAIL

December 17, 2024

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General Counsel
Legal Services & Judicial Development
Tennessee Supreme Court
Administrative Office of the Courts
511 Union Street, Suite 600
Nashville, TN 37219
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Re: ADA Investigation Regarding the Tennessee Board of Law Examiners.
USAO No. 2023V00171

Dear Mr. Coke:

We write concerning the Department of Justice's investigation of the Tennessee Board of Law Examiners (TBLE) and the Tennessee Lawyers Assistance Program (TLAP) pursuant to Title II of the Americans with Disabilities Act (ADA), 42 U.S.C. § 12132 *et seq.* This investigation was initiated in response to complaints from two applicants, D.S. and C.B., who allege they were subject to discrimination on the basis of their disabilities due to a substance use disorder or mental health disorder in violation of the ADA.

The Department acknowledges the important responsibility of the TBLE and TLAP in ensuring that attorneys licensed in the State of Tennessee are competent to practice law. The TBLE can and does fulfill this important responsibility by evaluating whether an applicant has demonstrated through their conduct their ability to adhere to the standards of conduct required of attorneys in the State of Tennessee. But the exclusion of applicants or restrictions imposed on them based on their status as a person with a disability or on the medication they use, do not serve the goal of ensuring fitness to practice law. Such restrictions are in fact counterproductive to ensuring that attorneys are fit to practice and violate the Americans with Disabilities Act.

As stated herein, our investigation regarding these two complaints has concluded that the TBLE and TLAP violated Title II of the ADA with respect to: (1) subjecting bar applicants to burdensome supplemental investigations triggered by their status or treatment for a substance use disorder; and (2) excluding them or implementing burdensome, intrusive, and unnecessary conditions on admission that are improperly based on individuals' diagnosis of or treatment for a substance use or mental health disorder.

I. Factual Background

We have investigated complaints by two applicants to the Tennessee bar, D.S. and C.B.,¹ who allege that they were subjected to discrimination because of their disabilities. We submitted a request for information to the State on September 29, 2023 and met with representatives of the State on February 22, 2024. The State initially refused to produce documents regarding all affected applicants, including D.S. and C.B., on privacy grounds. After our meeting and our provision of waiver forms from D.S. and C.B., the State produced various documents regarding both of these applicants in late April 2024, but did not produce documents regarding other, unnamed bar applicants.

a. The Tennessee Board of Law Examiners and the Tennessee Lawyers Assistance Program

The TBLE administers admission of attorneys to the Tennessee Bar. The TBLE was created by statute, and its members are appointed by the Tennessee Supreme Court. Once an applicant completes all requirements for licensing, the TBLE “shall certify to the Supreme Court that an applicant is eligible for admission and issue to the applicant a ‘Certificate of Eligibility for Admission.’”² The criteria for issuance of the Certificate of Eligibility for Admission include that the applicant:

has demonstrated the reputation, character, honesty, respect for the rights of others, due respect for the law, and the fitness to practice law, that in the opinion of the Board indicates no reasonable basis for substantial doubts that the applicant will adhere to the standards of conduct required of attorneys in this State.³

The Supreme Court of Tennessee established TLAP to provide help to lawyers, judges, bar applicants and law students “who suffer from physical or mental disabilities that result from disease, disorder, trauma or age and that impair their ability to practice or serve.”⁴ Pursuant to Supreme Court rules, TLAP may accept referrals of bar applicants from the TBLE,⁵ and it may conduct monitoring of such referred individuals.⁶

b. D.S.

¹ D.S. filed a complaint with the Civil Rights Division of the U.S. Department of Justice, and C.B. made a complaint to this Office.

² Tennessee Supreme Court Rule 7, Article IX, sec. 9.01(a).

³ Tennessee Supreme Court Rule 7, Article I, sec. 1.03(e).

⁴ Tennessee Supreme Court Rule 33.01(A).

⁵ Tennessee Supreme Court Rule 33.07(A).

⁶ Tennessee Supreme Court Rule 33.05.

D.S. is an attorney who lives in Clarksville, Tennessee. In the 1990s, he developed opioid use disorder (OUD), after becoming addicted to painkillers. He began receiving treatment for his OUD in 2012, and his treating physician prescribed him buprenorphine, one of three medications approved by the FDA as safe and effective for the treatment of OUD. This treatment has been highly effective for D.S., and he has engaged in this treatment continuously since 2012. D.S. enrolled in college and earned his undergraduate degree from Western Kentucky University in 2016, earned scholarships to attend law school and obtained his juris doctor degree from the University of Tennessee in 2019. After graduating, D.S. passed the Tennessee bar examination, and he was hired by a law firm in Clarksville, TN, where he successfully worked as a law clerk.

When he applied for admission to the Tennessee bar, D.S. disclosed on his application various charges that were filed against him and ultimately dismissed, most of which occurred more than a decade before he graduated from law school during the time his addiction to painkillers was untreated. As part of the application process, D.S. was interviewed by the TBLE. The TBLE interviewer recommended D.S. for admission to the bar, with reservations, and recommended a TLAP evaluation or a practice monitor.

Even though the Tennessee bar application did not seek information relating to D.S.'s medical history or medications, TLAP's Clinical Director asked D.S., during his intake interview, whether he was taking any medications. When D.S. responded that he was taking buprenorphine for opioid use disorder, TLAP's Clinical Director told him she was not sure how TLAP's Director would want to deal with that. Following that conversation, TLAP's Director told D.S. that because he was taking buprenorphine, he would have to be evaluated at his own expense at one of several TLAP-approved facilities. D.S. was provided a list of TLAP-approved facilities, all of which were located outside Tennessee. D.S. chose to be evaluated by Palmetto Addiction Recovery ("Palmetto") in Rayville, Louisiana because it was the least expensive. Consequently, D.S. had to travel to Rayville, Louisiana, an almost 8-hour drive, for a multi-day assessment by a team of professionals. D.S. was evaluated by a psychiatrist, was administered a battery of psychological and cognitive tests by a psychologist and was tested for a variety of drugs. The psychological testing showed no signs of cognitive impairment, nor was any evidence of decreased concentration noted by the examining psychiatrist. The drug testing was negative for all drugs tested, including cannabinoids, except for buprenorphine, for which D.S. had a valid prescription. D.S. was required to pay \$2,000 out of pocket for the evaluation by Palmetto.

Even though D.S. tested negative for all tested drugs (other than the medication prescribed by his doctor), Palmetto recommended that D.S. sign a five-year monitoring contract with TLAP. In addition, Palmetto recommended that D.S. complete "a TLAP approved long term inpatient treatment program experienced in treating chemically dependent lawyers. This treatment should include complete detoxification off all controlled substances including Suboxone." Palmetto subsequently informed D.S. that the "long term inpatient treatment program" would take six months to a year at Palmetto's facility in Louisiana. Palmetto informed D.S. that the cost of this treatment program would be approximately \$30,000.

D.S.'s treating physician, who had been successfully treating D.S. for years with buprenorphine, "emphatically" disagreed that D.S. should be required to participate in a long-term inpatient treatment program to achieve "detoxification" from the medication that effectively treats his disability. D.S.'s doctor further relayed to the TLAP that D.S. had been compliant with his treatment program for several years, had never demonstrated any behavior that would indicate a functionally problematic psychiatric or personality disorder, and that D.S. was not physically or psychologically impaired by taking buprenorphine as part of his medication-assisted treatment for OUD.

In November 2021, D.S.'s employment was terminated at the law firm at which he had been working because of his inability to obtain a law license.

Following Palmetto's recommendation, D.S. had a conversation with TLAP's Director and TLAP's Clinical Director in which they told him he would need to complete the inpatient treatment program recommended by Palmetto at his own expense to comply with TLAP's requirements. D.S. expressed his concern to TLAP that he did not have the financial wherewithal to pay the cost of the inpatient treatment program and that he would lose his job if he had to travel to Louisiana for six months to a year to complete the treatment program. On December 8, 2021, TLAP's Director informed D.S. that he "used some of TLAP's goodwill to scholarship a significant portion of the cost of [his] treatment" and that they agreed to treat him for \$15,000 and give him credit for the \$2,000 he paid for the assessment.

The TBLE informed D.S. that if he did not comply with TLAP's recommendations and was dismissed from TLAP, the TBLE would deny his application for admission "on Character and Fitness grounds." Thus, D.S. was left with the choice of continuing the treatment that is successful for him in treating his OUD or obtaining his license to practice law.

In early July 2022, D.S. contacted Palmetto to see if it would revise its recommendations. The Palmetto Medical Director sent a letter in response to TLAP's Director dated July 11, 2022, in which he stated that Palmetto stood by its original recommendations. In doing so, he stated Palmetto's opposition to professionals taking Suboxone as treatment for opioid use disorder. He enclosed Policy Statements from Palmetto dated March 16, 2012 and November 8, 2019 that state: "Palmetto does not recommend use of controlled medications in a professional population. We believe that such medications create side effects and physiological dependence incompatible with the practice of a profession." The Policy Statements further state: "We believe that a professional who wishes to take controlled medications should make a choice between the medications and the profession."

D.S. also discussed obtaining a second evaluation with TLAP's Director. On July 8, 2022, TLAP's Director sent D.S. a list of TLAP-approved facilities for a second evaluation, which included the out-of-state facilities that were originally listed as well as Vanderbilt University. D.S. chose to be evaluated at Vanderbilt rather than the out-of-state facilities previously listed by TLAP. TLAP's Director informed Vanderbilt by email dated July 19, 2022 that D.S. had chosen Vanderbilt

to “conduct a TLAP-approved multidisciplinary assessment so as to obtain a ‘second opinion.’” The email stated that D.S. had “previously completed a TLAP-approved multidisciplinary assessment at Palmetto Addiction Recovery Center in Rayville, Louisiana” and that D.S. “does not agree with Palmetto’s findings and recommendations.” The email contained no other information or specification of issues that should be addressed by an evaluation.

D.S. was subsequently evaluated at Vanderbilt on August 29, 2022 and October 4, 2022. The evaluation included a full battery of psychological tests as well as an evaluation by a psychiatrist. The psychiatrist subsequently issued an evaluation report in which he concluded:

[D.S.] appears to have been successful on partial agonist therapy for over a decade without legal, educational, or occupational deficiencies of consequences. Indeed, academic collateral sources who worked closely with him over multiple school terms reported surprise at the initial revelation by [D.S.] that he was taking this medication, and there have been no employment-related concerns pertaining to his performance.

Nonetheless, the medical report concluded that D.S. “is not fit for the practice of Law, which is a safety-sensitive position.” Similar to the report from Palmetto, the Vanderbilt report recommended treatment “that includes exploration of the possibility of abstinence-based recovery for opioid use disorder at a facility approved by TLAP” and a potential monitoring agreement with TLAP.

D.S. received the Vanderbilt report just days before a hearing was scheduled on the TBLE’s order to show cause regarding D.S.’s application for admission to practice law in Tennessee. Based on advice of counsel, D.S. withdrew his application to practice law. A few months later, D.S. submitted a new application for admission to practice law to the TBLE. TLAP informed D.S. that he would need to get another evaluation by Vanderbilt and sign another monitoring agreement with TLAP in order to be compliant with TLAP. On August 1, 2023, Vanderbilt sent a letter declining to conduct a further evaluation upon D.S. On August 11, 2023, TLAP wrote D.S. informing him that TLAP would take no further action and would close his file.

The TBLE set a Show Cause Hearing on December 6, 2023, which was after this Office notified the State on September 29, 2023 that it was investigating complaints that the TBLE and TLAP may have violated the ADA in connection with applicants who have been diagnosed with or treated for opioid use disorder or mental health conditions and made a request for information.⁷ At the hearing, the TBLE informed D.S. and his counsel that any issues concerning TLAP compliance would not be addressed at the hearing. At the conclusion of the hearing, the TBLE concluded that D.S. had the character and fitness necessary to practice law, and he was finally admitted to practice law in Tennessee soon thereafter without any conditions or monitoring required.

c. C.B.

⁷ The State submitted its initial response to the request for information on October 27, 2023.

C.B. is also an attorney in Tennessee. He successfully completed an inpatient rehabilitation program in 2010. C.B. graduated from law school in 2020 and passed the Tennessee bar examination in July 2021. During the application process, the TBLE inquired about several misdemeanor arrests from 2010 to 2015. In an interview with the TBLE on September 13, 2021, C.B. explained that at the time of these arrests, he was abusing alcohol and Xanax. He further explained that, as a condition of probation, he attended an inpatient substance abuse rehabilitation program which he successfully completed. The TBLE interviewer noted that she did not have any evidence of a mental or psychological disorder that, if untreated, could affect C.B.'s ability to practice law in a competent and professional manner. The interviewer further indicated she did not have any concerns regarding C.B.'s honesty and good judgment, ability to conduct himself in accordance with the law and rules of professional conduct, or ability to conduct himself with a high degree of professionalism, honesty, and integrity. The TBLE interviewer thus recommended C.B. for admission to the practice of law. Nonetheless, for unknown reasons, the TBLE referred C.B. to TLAP for evaluation.

After the TLAP referral, TLAP informed C.B. that C.B. would need to get a comprehensive psychological and drug assessment at his own expense to determine his fitness to practice law. At the time, C.B. was living and working in Ohio and asked if any locations to do the assessment were in Ohio, and TLAP's Director told him that none were. TLAP sent a list of the facilities that were approved by TLAP to do the required evaluation which included five locations in other states as well as Vanderbilt in Nashville.⁸ C.B. chose to be evaluated at Vanderbilt because it was the most convenient of the options. The cost of the assessment was \$6,000. C.B. did not have the money to pay for the assessment, so he obtained a loan from TLAP in the amount of \$4,800 to assist with paying the cost of the assessment. He also had to fly from Ohio to Nashville and stay overnight for the assessment.

The Vanderbilt assessment concluded that C.B. was fit to practice to a reasonable degree of medical certainty. The report made several recommendations, including that C.B. should get mental health treatment for anxiety and depression, that he should complete an abstinence-based intensive outpatient program for substance use management approved by TLAP, that he should get physical therapy for pain management, that he should quit smoking, and that he should get his cholesterol checked and mitigate the risk of a cardiovascular event.

TLAP subsequently required C.B. to enter an outpatient drug treatment program for four days a week. At the time, C.B. was working for a firm in Cleveland, Ohio. When C.B. told his firm that he would have to enter a treatment program for four days a week, the firm terminated his employment. TLAP also told C.B. that there were no programs in Ohio that he could attend. As a result, C.B. was required to move from Ohio to Tennessee to attend a treatment program.

⁸ The five providers were located in Atlanta, Hattiesburg, Mississippi, Rayville, Louisiana, Chicago, Mill Spring, North Carolina, and Gainesville, Florida.

C.B. subsequently entered a drug treatment program for seven weeks at Bradford Health Services in Nashville at his own expense. Upon completion of the drug treatment program, C.B. was able to obtain his law license subject to a requirement that he enter a 5-year monitoring contract with TLAP that included the following: (1) abstinence from “mind-altering or potentially addictive substances, including alcohol, marijuana, and CBD oil, as well as scheduled or unscheduled prescription drugs, including benzodiazepines, sedatives, narcotics, and Ultram, a pain medication listed under Schedule IV of the Controlled Substances Act; (2) agreement not to consume alcohol-free wine or beer, mouthwash, cough syrup, or communion wine; (3); enrollment in an app that he was required to check in every day to see if he has a random drug test that day; (4) random drug testing at his own expense;⁹ and (5) attending therapy sessions and releasing all records of such mental health treatment to TLAP.

C.B.’s therapist objected to providing copies of all treatment records to TLAP and requested to be able to provide confirmation that C.B. attended sessions, rather than having to provide complete mental health treatment records. When TLAP indicated that copies of all mental health records were required to be provided, C.B.’s therapist resigned from treating him any longer.

II. FINDINGS

We conclude that the TBLE and TLAP violated Title II of the ADA with respect to individuals with actual or perceived substance use disorders. Under Title II of the ADA, no qualified individual with a disability shall, on the basis of disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity. 42 U.S.C. § 12132; 28 C.F.R. § 35.130(a). Substance use disorders are disabilities under the ADA. 42 U.S.C. § 12102(1)(A); 28 C.F.R. § 35.108(b)(2) (listing “drug addiction” among other physical and mental impairments). The TBLE¹⁰ and TLAP¹¹ are public entities as defined by the statute. 42 U.S.C. § 12131(1); 28 C.F.R. § 35.104.

TBLE and TLAP discriminated against D.S. in Tennessee’s attorney licensing program on the basis of his disability when they subjected him to additional, burdensome examinations based on his use of lawfully prescribed medication for his OUD and forced him to choose between his law license or continued treatment as prescribed as necessary by his treating physician. These conditions were imposed on D.S., even though there was no evidence that his OUD or his use of

⁹ C.B. is required to pay \$88 for each drug test. If he is going to go out of town, he is required to let TLAP know in advance and then is required do a different type of drug test when he returns, which costs \$120 per test.

¹⁰ The TBLE was created by statute, and its members are appointed by the Tennessee Supreme Court. *See* Tenn. Code Ann. § 23-1-101 (West).

¹¹ TLAP was established by order of the Tennessee Supreme Court. *See* Tenn. R. Sup. Ct. 33.01. TLAP is administered by a Commission whose members are appointed by the Tennessee Supreme Court. *Id.*

buprenorphine to treat his OUD in any way impaired his ability to practice law. Indeed, D.S.'s treating physician relayed that he had been successfully treating D.S. for years with buprenorphine, that D.S. had been compliant with his treatment program, that D.S. had never demonstrated any behavior that would indicate a functionally problematic psychiatric or personality disorder, and that D.S. was not physically or psychologically impaired by taking buprenorphine as part of his medication-assisted treatment for OUD. TBLE and TLAP persisted in imposing these conditions even though the entities conducting the required evaluations concluded that D.S. was not using drugs other than his prescribed medication, that there were no signs of cognitive impairment or decreased concentration, and that he had been successful on his prescribed therapy with no legal, educational, or occupational deficiencies or consequences. Because the withholding of a law license was based on D.S.'s disability and his treatment for his disability, TBLE and TLAP discriminated against him in violation of the ADA. *Ellen S. v. Florida Bd. of Bar Examiners*, 859 F. Supp. 1489, 1494 (S.D. Fla. 1994) (a licensing entity discriminates against qualified disabled applicants by placing additional unnecessary burdens on them and this discrimination can occur even if these applicants are subsequently granted licenses).

C.B. was similarly subjected to restrictions and conditions on his ability to obtain a law license, due to his disability, even though there was no evidence that he was unable to meet the bar admission standards. Even though the TBLE interviewer recommended C.B. for bar admission and indicated that she did not have any concerns regarding C.B.'s honesty and good judgment, ability to conduct himself in accordance with the law and rules of professional conduct, or ability to conduct himself with a high degree of professionalism, honesty and integrity, C.B. was subjected to costly and unnecessary examinations and his law license was subjected to a burdensome 5-year monitoring contract. As a result, C.B. lost his job, and his therapist. TBLE and TLAP persisted in these restrictions even after their own approved evaluator concluded C.B. was fit to practice law to a reasonable degree of medical certainty. Because the restrictions on C.B.'s law license were based on his actual or perceived substance use disorder and not on any current inability to meet the bar's admissions standards, TBLE and TLAP discriminated against C.B. in violation of the ADA.

While a public entity "may impose legitimate safety requirements necessary for the safe operation of its services, programs, or activities ... the public entity must ensure that its safety requirements are based on actual risks, not on mere speculation, stereotypes, or generalizations about individuals with disabilities." 28 C.F.R. § 35.130(h). To the extent they are proffered as safety requirements, the restrictions and conditions that TBLE and TLAP imposed on D.S. and C.B. were based on speculation about their disabilities that were contrary to demonstrated conduct, and as to D.S. in particular, they were based on stigma and stereotypes about his prescribed treatment. In imposing unnecessary treatment and a monitoring agreement on C.B., TBLE and TLAP disregarded the recommendation of their own interviewer and their own approved treatment facility, both of whom concluded that C.B. was fit to practice law. They also imposed these requirements despite the lack of any current evidence demonstrating that C.B. did not meet the bar admission criteria. Thus, TBLE and TLAP imposed these restrictions, not based on actual risk, but instead based on speculation or assumptions about C.B.'s perceived substance use and/or mental health disorder. With respect to D.S., TBLE and TLAP held his law license in abeyance and imposed

burdensome requirements on him based upon their and their approved providers' stereotypes about the medication D.S. takes to treat his OUD. Even though these providers noted that the treatment D.S. uses has been effective for him and has not resulted in any negative symptoms that affect his ability to practice law or in any deficiencies in legal or employment performance, they nonetheless disapproved of his use of buprenorphine based on their own, unfounded stereotypes about the medication. They disregarded the findings of D.S.'s own treating physician who had been treating D.S. for years and emphatically disagreed that D.S. should be forced to "detox" from his prescribed medicine. Thus, TBLE and TLAP's restrictions on D.S.'s bar license were based on stereotypes, rather than actual risk.

Similarly, under Title II, a public entity is not required "to permit an individual to participate in or benefit from the services, programs, or activities of that public entity when that individual poses a direct threat to the health or safety of others." 28 C.F.R. § 35.139(a). However,

(b) In determining whether an individual poses a direct threat to the health or safety of others, a public entity must make an individualized assessment, based on reasonable judgment that relies on current medical knowledge or on the best available objective evidence, to ascertain: the nature, duration, and severity of the risk; the probability that the potential injury will actually occur; and whether reasonable modifications of policies, practices, or procedures or the provision of auxiliary aids or services will mitigate the risk.

28 C.F.R. § 35.139(b). As explained above, TBLE and TLAP based their restrictions on speculation and stigma, rather than individualized assessment or current evidence. Indeed, with respect to C.B., their restrictions were contrary to the individualized assessment by their own interviewer as well as their own approved treatment provider. And with respect to D.S., their restrictions were contrary to the individualized assessment of D.S.'s own treating physician and their own providers' conclusions that D.S.'s treatment had been successful and caused no deficiencies relevant to the practice of law. Thus, TBLE and TLAP's actions cannot be justified under the direct threat or legitimate safety requirements exceptions.

TLAP and TBLE's discriminatory actions caused D.S. and C.B. significant economic harm. For D.S., the law firm that had offered him an attorney position terminated his employment as a result of his inability to obtain a law license due to the restrictions imposed by TBLE and TLAP. Additionally, he incurred several thousand dollars in fees and travel expenses to be evaluated by the two treatment facilities in Louisiana and Tennessee. The law firm that had offered C.B. a position as an attorney terminated his employment as a result of the requirement that C.B. participate in an outpatient treatment program for an extensive period of time. And like D.S., C.B. incurred significant fees and costs in connection with the evaluation required by the TBLE and TLAP. He was further required to pay the costs of required random drug testing at his own expense, as well as required psychological counseling.

III. RECOMMENDED REMEDIAL MEASURES

To remedy these violations and to protect the civil rights of individuals with actual or perceived substance use or mental health disorders who seek to practice law in the State of Tennessee, the TBLE and TLAP should promptly implement corrective measures, including the following:

1. Refrain from prohibiting, limiting, or restricting applicants or attorneys from taking medications for treatment of substance use disorder, including buprenorphine or methadone, when such medications are legally prescribed for a legitimate medical purpose by a medical professional acting in the usual course of his or her professional practice;
2. Refrain from inquiring into an applicant's diagnosis of or treatment or medication for a substance use disorder or mental health disorder unless the applicant voluntarily discloses this information to explain conduct or behavior that may otherwise warrant denial of admission. Any such inquiry shall be narrowly, reasonably, and individually tailored to determine whether the applicant's condition currently impairs his or her ability to practice law in a competent, ethical, and professional manner.
3. Not recommend or impose conditional admission, or conditions or restrictions on admission, solely on the basis of a diagnosis of or treatment for a substance use disorder or mental health disorder, including an applicant's use of lawfully prescribed medication for substance use disorder;
4. Ensure that any conditions of admission imposed on an applicant who reveals a substance use disorder or mental health disorder, including the duration of conditional admission, are individually tailored to address the conduct that justified the recommendation; and
5. Provide training for all relevant TBLE and TLAP personnel regarding their obligations under the ADA and ensure that such personnel are aware of these remedial measures.

We hope to work cooperatively with you to resolve the Department's findings in this matter. If the TBLE or TLAP declines to enter into voluntary compliance negotiations or if our negotiations are unsuccessful, the United States may take appropriate action, as described at 28 C.F.R. §§ 35.173 and 35.174. We will also share a copy of this letter with Complainants. A complainant may file a private suit pursuant to 42 U.S.C. § 12133, whether or not we find a violation.

Please note that this letter is a public document and will be posted on the Civil Rights Division's website. If you have any questions as you review this letter, please feel free to contact us.

Sincerely,

THOMAS J. JAWORSKI
Acting United States Attorney
Middle District of Tennessee

s/Wynn M. Shuford
WYNN M. SHUFORD
Assistant United States Attorney