

EMERGENCY CONTACT

Please complete the form below to update the “Emergency Contact” information that is kept in your local personnel file. This information will also be referenced in conjunction with the Court’s Continuation of Operation Plan (COOP) should the need arise.

Your Name: _____

Your Physician’s Name: _____

Physician’s Telephone: _____

1st Contact Name: _____

1st Contact Phone: _____ or _____

Relationship: _____

2nd Contact Name: _____

2nd Contact Phone: _____ or _____

Relationship: _____

In the event of a court closure (weather, security, etc.) the Emergency Notification System will attempt to contact all court employees to advise them to stay home. In order to contact you, please provide us with the following:

Personal email address: _____

Home Phone: _____

Cell Phone and Network Provider: _____

Any other phone you would like us to call: _____

IF ANY OF THESE NUMBERS CHANGE, PLEASE NOTIFY HR

Today’s Date: _____