ADMINISTRATIVE OFFICE of the COURTS
Continuity of Operations Plan Questionnaire

While every question will not necessarily be applicable, please provide a response so that we know each question was addressed and that a blank question was not merely an oversight.

PLEASE TYPE OR PRINT LEGIBLY Date: _____

Name: _____ _____ _____
First Name Middle Name Last Name

Nickname: _____ ☐ Not applicable

Job Title: _____

Work Phone: _____ Company Cell Phone: _____

The **physical** address of your residence is:

_____ _____ _____ _____ _____
Street Apt/Suite/Other City State Zip

VPN authorization: ☐ Yes ☐ No ☐ Unknown

Personal Cell Phone: _____ ☐ Not applicable

My personal cellular telephone plan ☐ **does** ☐ **does not**, provide for text messaging. (We want to know if you can receive a text at no additional cost to you.

Home Phone (not cell phone): _____ ☐ Not applicable

Personal (not your state) E-mail address:

_____ ☐ Not applicable

Emergency Contact:

_____ _____ ☐ Not applicable
First Name Last Name

Emergency Contact's phone: _____ ☐ Not applicable

Emergency Contact's alternate phone: _____ ☐ Not applicable

Emergency Contact's relationship to you:
☐ Daughter ☐ Other Relative ☐ Son
☐ Father ☐ Partner ☐ Spouse
☐ Mother

Final recipient for this questionnaire is Jaime Dolan