

EMERGENCY CLOSING FORM

Jurisdiction/Office: _____

Date(s)/Hours of Modified Operations/Closing: _____

Describe the conditions on which the request is based:

Winter Weather Storm

Tornado/Severe Weather Conditions

Other, please describe: _____

Evaluation Criteria:

Supreme Court Offices	Open	Closed
Administrative Offices	Open	Closed
Appellate Court	Open	Closed
Local Circuit Court(s)	Open	Closed
City Governments	Open	Closed
Sheriff's Office	Open	Closed
Private Sector	Open	Closed
Status of Major Highways	Open	Closed
Other _____	Open	Closed

Request:

Allow for a Delayed Opening of Office. Proposed Time to Open _____

Allow for an Earlier Closing of Office. Proposed Time to Close _____

Request to Close an Office _____

Will proceedings continue remotely? Yes No

Which proceedings: _____

Remote contact person and information: _____

Requested By:

_____ (Print Name)

_____ (Title)

Request Approved _____ (Signature)

Request Denied _____ (Title)

Request Modified