**INFORMATION TO BE COMPLETED AND RETURNED TO THE AOCP**

The following six (6) forms need to be completed (additional pages may be added) and returned to:

**Amy E. Prenda**

**Deputy Administrator for Court Services**

**PO Box 98910**

**Lincoln, NE 68509**

**amy.prenda@nebraska.gov**

**JUDICIAL DISTRICT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COUNTY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COUNTY/DISTRICT COURT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PERSON COMPLETING THE FORMS**

 **NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Once the Chief Justice or your court has activated an Emergency Preparedness Plan, the AOCP requires you to provide on a regular basis and as necessary email and/or phone updates to one or more of those listed below. These individuals will also serve as a point-of-contact for any questions you may have.

 **Corey Steel Jennifer Rasmussen**

 **State Court Administrator Deputy Administrator for IT**

 **Office:** 402-471-3182 **Office:** 402-471-3049

 **Cell:** 402-326-3253 **Cell:** 402-202-1810

corey.steel@nebraska.govjennifer.rasmussen@nebraska.gov

 **Amy Prenda Gene Cotter**

 **Deputy Administrator for Court Services Deputy Administrator for Operations**

 **Office:** 402-471-2921 **Office:** 402-471-4190

 **Cell:** 402-310-1054 **Cell:** 402-310-3103

 amy.prenda@nebraska.gov gene.cotter@nebraska.gov

**CONTACT INFORMATION FOR KEY DECISION-MAKERS AND SUCCESSORS**

**Instructions:** Name the person(s) responsible for notifying and initiating the alert and notification process at the trial court level and the processes used. If more than one court office has an alert and notification system, each court office should complete a template for inclusion in the final court plan.

If you have a COOP plan on file with the AOCP please review and make sure all the contacts in the plan are up to date. Any updated contact list in an existing COOP plan need or newly created contact list needs to be sent to the AOCP.

|  |  |
| --- | --- |
| **PRIMARY CONTACT** | **Name/Title:****Office Phone:****Home Phone:****Cell Phone:****Email (checked regularly):** |
| **SECONDARY CONTACT** | **Name/Title:****Office Phone:****Home Phone:****Cell Phone:****Email (checked regularly):** |
| **COMMUNICATION COORDINATION PLAN FOR ALERTS AND NOTIFICATION PROCESS TO STAFF (Employee Directory)** | **€ Communication/notification/employee directory on file with AOCP is up to date****€ Updated Communication/notification/employee directory has been updated and is attached** **€ Communication/notification/employee directory plan is attached** |
| **AGENCY DIRECTORY****\*Should include local health department, county attorney, and public defender** | **€ COOP plan agency directory on file with AOCP is up to date****€ Updated agency directory in COOP plan has been updated and is attached** **€ Agency directory is attached** |
| **MEDIA CONTACTS****Newspaper****Radio Stations****Television Stations** | **Name/Contact Information** |
| **LOCAL SPOKESPERSON** | **Name/Title:****Office Phone:****Cell Phone:****Email Address (checked regularly):****Provide two back-ups (name/title, Office Phone, Cell Phone, Email Address)****1.****2.**  |

**IDENTIFICATION OF MISSION ESSENTIAL FUNCTIONS**

**Instructions:** In column 1, enter the mission essential function. Do not mingle court office essential functions. For a pandemic, sufficient alternates should be identified and trained to perform the essential functions and entered into the template because of anticipated high absenteeism. To determine whether a function is mission essential, consider whether it is statutorily mandated, vital to the court’s mission, critical to maintain safety (e.g., issuance of restraining and protective orders), and necessary to the performance of other departments or agency functions (e.g., maintaining/accessing databases to process payroll, enforcing public health quarantine and isolation orders).

In column 2, specify a time period within which the function should be back online during an emergency (e.g., 0-24 hours, 24-48 hours, 1 week, 2 weeks, 1 month). The time period should be consistent with statutory requirements/court rules/court policy, if available. For functions not specified in statute, rules, or policies, the time period should be based on a combination of (a) how critical the function is to the court’s mission during an emergency, (b) how long the court operate without performance of the function, and (c) how important the function is to the performance of other essential functions.

In column 3, identify the mission essential staff (e.g., judge, clerk magistrate).

In column 4, list any records, databases, information systems necessary for performing the essential function and its location (e.g., paper files, electronic, backup of electronic, flash drive).

|  |  |  |  |
| --- | --- | --- | --- |
| **MISSION ESSENTIAL FUNCTION** | **RECOVERY TIME** | **ESSENTIAL STAFF** | **INVENTORY OF RECORDS, DATABASES, INFORMATION SYSTEMS** |
|  | **€ 0-24 hours****€ 24-48 hours****€ 1 weeks****€ 2 weeks****€ 1 month** |  |  |
|  | **€ 0-24 hours****€ 24-48 hours****€ 1 weeks****€ 2 weeks****€ 1 month** |  |  |
|  | **€ 0-24 hours****€ 24-48 hours****€ 1 weeks****€ 2 weeks****€ 1 month** |  |  |
|  | **€ 0-24 hours****€ 24-48 hours****€ 1 weeks****€ 2 weeks****€ 1 month** |  |  |

**IDENTIFICATION OF MISSION ESSENTIAL STAFF AND ALTERNATES**

**Instructions:** In column 1, list the mission essential staff positions and their functions from the previous worksheet. In the remaining columns, record contact information for staff and their alternates who will fill each position.

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| --- | --- | --- | --- | --- |
| **MISSION ESSENTIAL STAFF/ESSENTIAL FUNCTION** | **PRIMARY STAFF** | **ALTERNATE STAFF 1** | **ALTERNATE STAFF 2** | **ALTERNATE STAFF 3** |
|  | **Name:****Office Phone:****Home Phone:****Cell Phone:****Email (checked regularly):** | **Name:****Office Phone:****Home Phone:****Cell Phone:****Email (checked regularly):** | **Name:****Office Phone:****Home Phone:****Cell Phone:****Email (checked regularly):** | **Name:****Office Phone:****Home Phone:****Cell Phone:****Email (checked regularly):** |
|  | **Name:****Office Phone:****Home Phone:****Cell Phone:****Email (checked regularly):** | **Name:****Office Phone:****Home Phone:****Cell Phone:****Email (checked regularly):** | **Name:****Office Phone:****Home Phone:****Cell Phone:****Email (checked regularly):** | **Name:****Office Phone:****Home Phone:****Cell Phone:****Email (checked regularly):** |
|  | **Name:****Office Phone:****Home Phone:****Cell Phone:****Email (checked regularly):** | **Name:****Office Phone:****Home Phone:****Cell Phone:****Email (checked regularly):** | **Name:****Office Phone:****Home Phone:****Cell Phone:****Email (checked regularly):** | **Name:****Office Phone:****Home Phone:****Cell Phone:****Email (checked regularly):** |
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|  | **Name:****Office Phone:****Home Phone:****Cell Phone:****Email (checked regularly):** | **Name:****Office Phone:****Home Phone:****Cell Phone:****Email (checked regularly):** | **Name:****Office Phone:****Home Phone:****Cell Phone:****Email (checked regularly):** | **Name:****Office Phone:****Home Phone:****Cell Phone:****Email (checked regularly):** |
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**ALTERNATE WORK SITE OPTIONS/REQUIREMENTS**

**Instructions:** In column 1, list each potential alternate work site, including if “home” if certain essential staff would be required to work from home.

In column 2, list the essential staff working from the alternate work site.

In column 3, identify if there is phone and/or internet.

In column 4, identify what type of equipment/access is needed (e.g., printer, laptop, VPN, WebEX ).

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| --- | --- | --- | --- |
| **WORK SITE** | **ESSENTIAL STAFF** | **PHONE/INTERNET** | **EQUIPMENT/ACCESS** |
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**DEVOLUTION PLAN**

**Instructions:** The court’s devolution plan describes what to do if a catastrophic event renders the court’s leadership and essential functions staff incapacitated and the court and alternate facilities nonfunctional. During devolution, the court transfers authority and responsibility for essential functions to officials in another court. Prepare a basic devolution plan by completing the form.

1. Provide contact information for alternate court(s) available to perform essential functions. (Add as many rows as necessary.)

|  |  |
| --- | --- |
| **COURT** | **CONTACT INFORMATION** |
|  |  |
|  |  |

2. Prepare written agreement with alternate court(s) and keep with vital records.

3. List the officials and their successors (by position, not name) allowed to transfer authority to perform essential functions. (Add as many rows as necessary.)

|  |  |
| --- | --- |
| **AUTHORITY** | **SUCCESSOR** |
|  |  |
|  |  |

4. Provide plan for transferring vital records and other materials necessary for performing essential functions to alternate court(s). For example, will vital records and materials be stored and updated on the same schedule as those stored with alternate facilities?

5. List procedures for notifying alternate court of devolution.

6. List procedures for returning authority once court is reconstituted.