



Law Clerk Employee Data and Emergency Contact Form

Please complete the entire form, listing two people that we may notify in the event of an emergency. This information will be kept in your personnel file in Human Resources.

EMPLOYEE DATA	
Your Name: Nickname:	Check one: <input type="radio"/> Court of Appeals <input type="radio"/> Court of Special Appeals <input type="radio"/> Circuit Court
Home Address: (Where you will be living during your clerkship-if unknown, please use your permanent address)	County of Employment:
Home Phone: (if different) Cell Phone: () ()	Judges's Name:
E-Mail:	Chamber's Phone: ()
EMERGENCY CONTACTS	
Please list two people (in priority order) who could be contacted in case of an emergency	
Name of Contact #1 Relationship:	Home Phone: () Business Phone: () Cell Phone: ()
Name of Contact #2 Relationship:	Home Phone: () Business Phone: () Cell Phone: ()

Employee Signature

Date

Any time you have an **address change**, please complete this form also. Additional forms may be found on Human Resources' website: www.mdcourts.gov/hr under forms.