United States District Court
Northern District of Indiana

EMPLOYEE CONTACT SHEET

Employee Name: ____

Home Address: ____
(Street, City, State, Zip)

Is this a new address? ☐ Yes* ☐ No

*If yes, please provide effective date of new address: ______________________

Cell Phone #: ____________________ Cell Service Provider: ________________

Home or Alternate Phone #: ______________________

Personal Email Address (optional): ______________________________

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IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name: ________________________________ Relationship: ___________

Address: ____
(Street, City, State, Zip)

Telephone (include area code): Cell Phone #: ________________________

Home or Alternative #: ____________________

Work #: ______________________________

If applicable, pertinent medical information you would like shared with emergency personnel/ paramedics for onsite treatment (e.g. allergies, etc.):

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This ***emergency*** information will be kept confidential, used for emergency purposes only, and will not be released to the public.

Date: __________