

Notification of System Modification

Contact Information					
Contact Person Name		Contact Person Phone			
Contact Person Email		Agency Name			
County		Circuit		Appellate	
Application Developer Name (Provide vendor name or designate In House)					
Change Information					
Type of Change	<input type="checkbox"/> New Implementation <input type="checkbox"/> System Modification				
Criticality of Change	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low				
Change Title					
Description of Change					
Justification for Change					
Effect of not implementing the change					
User Group(s) affected by change					
Does the change affect the judiciary?			<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, has the change been approved by the chief judge or his/her designee?		
Will the change require modifications to existing operating systems, databases, web services, or other system components?			<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe how.		
Will the change introduce new technology or tools?			<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe how.		
Proposed schedule for change					

Email completed form to Lakisha Hall at halll@flcourts.org