ITEM 9.0.0 | NOTIFICATION BY CLERK 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	☐ New Implementation ☐ System Modification
Criticality of Change	☐ High ☐ Medium ☐ Low
Change Title	
Description of Change	
Justification for Change	
Effect of not implementing the change	
User Group(s) affected by the change	
Does the change affect the judiciary?	☐ Yes ☐ 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?	☐ Yes ☐ No If yes, please describe how.
Will the change introduce new technology or tools?	☐ Yes ☐ No If yes, please describe how.
Proposed schedule for the change	

E-mail completed form to Lakisha Hall at halll@flcourts.org