

Message to the Montgomery County Bar Association
July 14, 2020

Good Afternoon to everyone. On Monday July 20, 2020 Phase III of the Judiciary reopening begins. Court clerks' offices will open to the public. There is a mandatory screening to enter court buildings (for any purpose). The screening form will ultimately be completed and signed by a bailiff at the courthouse security area. However, you may wish to print and complete the name, address, phone number portions of the form in advance. Access to all offices in court locations is under control of the District Court. The questionnaire is required prior to entry. You are free to print as many as you may need. However, the bailiffs must complete the form prior to entry.

While the clerks' offices will be open, we must still ensure that all people remain 6' apart. Please do not arrive more than 15 minutes before any scheduled hearing time. We cannot allow parties to congregate in the corridors or in the courtrooms. Priority will be given to people with scheduled hearings. Courtroom seating is limited. Remote hearings remain the preferred method where feasible. Should spaces reach a capacity, we will have to delay entry for people who do not have scheduled hearings.

Thank you in advance for collaborating in our mutual goal of safety.

Patricia Mitchell, Administrative Judge
District 6

INITIAL SCREENING QUESTIONNAIRE

IMPORTANT: THE SCREENER SHOULD IMMEDIATELY STOP THE SCREENING AND DENY ACCESS TO ANY INDIVIDUAL WHO ANSWERS YES TO ANY SCREENING QUESTION.

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| For infection control purposes, I need to ask you a few questions: | |
| Have you had any of the following symptoms in the last seven days: fever or chills, cough, sore throat, shortness of breath, nausea, vomiting, diarrhea or any other flu-like symptoms, headache or unusual muscle pain, loss of taste or smell? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| In the past week, do you know if you have been in close (less than 6 feet) prolonged contact (more than 15 minutes) with someone with a fever, cough, shortness of breath, nausea, vomiting, diarrhea, flu-like symptoms, or a diagnosis of COVID-19? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you had a positive test for COVID-19 infection within the past fourteen (14) days? | <input type="checkbox"/> Yes <input type="checkbox"/> No |



Individuals who answer YES to ANY question on the Initial Screening Questionnaire OR refuse to participate in the screening process must be denied access to the facility.

Names of Individual Seeking Access: _____ (please print)

Temperature of Individual Seeking Access: _____

Address of Individual Seeking Access: _____

Phone Number of Individual Seeking Access: _____

Access Determination: _____ Approved _____ Denied

Name of staff completing form _____ Date: _____ Time: _____
(Please Print)