



**U.S. PROBATION AND PRETRIAL SERVICES
DISTRICT OF MASSACHUSETTS**

EMERGENCY CONTINGENCY PLAN IN THE EVENT OF A DISASTER

Defendant Name:	Phone: (H) (C)
Address:	Email:
Spouse Name:	Spouse Phone: (C)

In the event of a disaster you are required to develop an emergency evacuation plan to be implemented during a natural or man-made disaster.

You are required to submit at least two (2) alternate addresses within the District of Massachusetts or neighboring states, if approved. If your offense involved a child victim or child pornography, residences where children reside will not be accepted as a viable relocation address. In addition, you will not be allowed to reside in an emergency evacuation shelter as they typically house families with children.

FIRST RELOCATION RESIDENCE

SECOND RELOCATION RESIDENCE

Resident Name:	Resident Name:
Address:	Address:
Phone:	Phone:
Relationship:	Relationship:
Other Occupants & DOB:	Other Occupants & DOB:

VEHICLE INFORMATION:

Year/Make/Model/Color :	Year/Make/Model/Color :
Registration Number:	Registration Number:

<p>WITHIN 24 HOURS:</p> <p>In the event of a disaster which requires the evacuation from your permanent residence, you are required to report your temporary address and leave a message with your current whereabouts and contact information at the following phone number:</p>	<p>You are to immediately contact the local police department of your temporary residence to advise of your sex offender status, new temporary address and your Probation Officer's name and telephone number.</p> <p>You must comply with all applicable state and federal sex offender registration laws.</p>
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Signature of Defendant

Date

Signature of Officer

Date

