

**Logan's Law
(HB631)
Walton County E-911
Special Concerns Response Information Sheet**

This completed form can be returned to Walton County E-911 by fax
770-464-1579, email nwhite@co.walton.ga.us or standard postal mail Walton CO 911
2640 Whitney Rd, Monroe, GA 30655 / REF:SPECIAL CONCERN PERSON

GENERAL INFORMATION ABOUT SPECIAL CONCERNS PERSON

NAME _____

NICKNAME _____

ADDRESS _____

HOME PHONE _____ CELL PHONE _____

BIRTHDATE _____ RACE _____ GENDER _____

HEIGHT _____ WEIGHT _____ HAIR COLOR _____ EYE COLOR _____

DOES THE SPECIAL CONCERNS PERSON HAVE A JOB _____ OR GO TO SCHOOL _____

ADDRESS AND NAME OF JOB OR SCHOOL _____

SPECIAL CONCERNS OR CONDITIONS: _____

MEDICATIONS: _____

How does this medication affect actions, responses, senses, the potential for violence, etc.?

Please list any activations or triggers which may escalate an encounter if any. What actions should be avoided, if possible by First Responders?

SUGGESTIONS AND TECHNIQUES THAT CAN BE TAKEN TO HELP RESOLVE A CONFRONTATION SUCCESSFULLY:

Logan's Law(HB631)Walton County E-911Special Concerns Response Information

THIS PERSON IS:

- SENSITIVE TO LIGHTS
- LIKELY TO HIDE
- SENSITIVE TO TOUCH
- LIKELY TO FIGHT
- SUBJECT TO SEIZURES
- AFRAID OF POLICE/ UNIFORMED PEOPLE
- VIOLENT
- OTHER: _____

RESPONSIBLE PARTY COMPLETING THIS FORM:

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

HOME PHONE NUMBER _____ **CELL** _____

SIGNATURE _____ **DATE** _____

EMERGENCY CONTACT 1 INFORMATION:

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

HOME PHONE NUMBER _____ **CELL** _____

SIGNATURE _____ **DATE** _____

EMERGENCY CONTACT 2 INFORMATION:

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

HOME PHONE NUMBER _____ **CELL** _____

SIGNATURE _____ **DATE** _____

WALTON COUNTY E-911 USE ONLY

NEW APPLICANT

UPDATED INFORMATION

RENEWAL

DATE RECEIVED: _____

ENTERED BY: _____