

Special Concerns Response Information
Logan's Law (HB 631)

General Information About the Special Concerns Person

Name: _____
Nickname: _____
Address: _____
Home Telephone Number: _____ Cellular Phone Number: _____
Birthdate: _____ Race: _____ Gender: _____ Height: _____ Weight: _____
Hair color: _____ Eye color: _____
Employer/School Address (Only if in _____ 911 jurisdiction):

Special concern or condition: _____

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? What actions should be avoided, if possible, by first responders?

Suggestions and techniques that can be taken to resolve a confrontation successfully:

This person is:

- ☐ Sensitive to light
- ☐ 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 Telephone Number: _____ Cellular Phone Number: _____
Signature: _____ Date: _____

Emergency Contact Information

Name: _____
Relationship: _____
Address: _____
Home Telephone Number: _____ Cellular Phone Number: _____

Name: _____
Relationship: _____
Address: _____
Home Telephone Number: _____ Cellular Phone Number: _____

Name: _____
Relationship: _____
Address: _____
Home Telephone Number: _____ Cellular Phone Number: _____

SAMPLE JURISDICTION USE ONLY:

- ☐ New Applicant
- ☐ Updated Info
- ☐ Renewal

Date Received: _____
Entered in CAD by: _____ Date/Time: _____
Copy sent to law enforcement: _____ Date/Time: _____
Copy sent to fire department: _____ Date/Time: _____
Copy sent to EMS: _____ Date/Time: _____
Copy sent to other: _____ Date/Time: _____