



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



Please complete and return to Catoosa County 911 / EMA

General Information About the Special Concerns Person

Name: _____

Nickname: _____

Address: _____

Home Telephone Number: _____ Cell Phone Number: _____

Date of Birth: _____ Race: _____ Gender: _____ Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Employer / School Address: _____

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? _____



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This person is / has:

- Trouble or non-verbal communicating
- Sensitive to loud sounds
- Sensitive to light
- Likely to hide
- Sensitive to touch
- Likely to fight
- Subject to seizures
- Afraid of police / uniformed people
- Violent
- Stimming (rocking / hand flapping)
- Other: _____

Responsible Party Completing This Form

Name: _____ Relationship: _____

Address: _____

Home Telephone Number: _____ Cell Phone Number: _____

Signature: _____ Date: _____

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____

Home Telephone Number: _____ Cell Phone Number: _____

Name: _____ Relationship: _____

Address: _____

Home Telephone Number: _____ Cell Phone Number: _____

Name: _____ Relationship: _____

Address: _____

Home Telephone Number: _____ Cell Phone Number: _____

For Public Safety Use Only:

- New Applicant
- Information Update
- Renewal

Date Received: _____ Entered in CAD by: _____ Date: _____

Submit via email to: Catoosa911@catoosa.com

or via US Mail to:

Catoosa County 911 / EMA
875 Lafayette Street
Ringgold, GA 30736