

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

Please complete and return to Chatcomm 911.

General Information About the Special Concerns Person  Name:				
Nickname:				
Address:				
Address: Home Telephone Number:	Cellular Phone Number:			
DiffiliateRace	Gender	rreignt	weight	
Hair color: Eye color:				
Hair color: Eye color: Employer/School Address (Only if in 911 jurisidction):				
Special concern or condition:				
Medications:				
How does this medication affect actions				
Please list any activations or triggers wh be avoided, if possible, by first responde	•	ate an encounter	r? What actions should	
Suggestions and techniques that can be	taken to resol	ve a confrontatio	on 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:				



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## **Responsible Party Completing This Form**

Name:			
Relationship:			
Address:			
Home Telephone Number:	Cellular Phone Number:		
Signature:	Date:		
<b>Emergency Contact Information</b>			
Name:			
Relationship:			
Address			
Home Telephone Number:	Cellular Phone Number:		
Name:			
Relationship:			
Address:	Cellular Phone Number:		
Home Telephone Number:	Cellular Phone Number:		
Name:			
Relationship:			
Address:			
Home Telephone Number:	Cellular Phone Number:		
IATCOMM 911 USE ONLY:			
IATCOMM 911 USE ONE1.			
New Applicant			
Updated Info			
Renewal			
te Received:			
tered in CAD by:	Date/Time:		

Submit via email to supv@chatcomm.org or via US Mail to Chatcomm 911 1 Glambos Way Sandy Springs, GA 30328

Call Sgt. Michael Cheek at 678-382-6919 for more information or if you have any questions.