

Pickens County E-911

Special Concerns Response Information  
Logan's List (O.C.G.A 38-3-182)

**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 Pickens County):  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_

- 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: \_\_\_\_\_