



Habersham County E-911
Special Concerns Response Information Sheet
Logan's Law (HB 631)



The completed form can be returned to Habersham County E-911 via mail, fax or email.

Address: 175 EOC Dr, Cornelia, GA 30531.

Email: lsmith@habershamga.com, mbellinger@habershamga.com or ealewine@habershamga.com

Fax number: 706-776-1066

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 Habersham 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: _____

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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: _____

HABERSHAM COUNTY E-911 USE ONLY:

- New Applicant
- Updated Info
- Renewal

Date Received: _____

Enter the individual as a Global Subject in CAD and add information as a Person's Alert Type - Person with Special Concerns.

Entered By: _____ Date/Time: _____

If the individual resides in Habersham County also add Location Alert for that address Alert - Type Person with Special Concerns.

Entered By: _____ Date/Time: _____

Keep information for 3 years or if advised the information is no longer valid.

Removed By: _____ Date/Time: _____