

INFORMATION SHEET

RE: _____

CASE NUMBER _____

SECTION _____

Patient's Street Address: _____

Directions on how to reach address from the Sheriff's Department or Police Department:

Physical Description of Patient: Male Female Race: _____

Date of Birth _____ Weight _____ Height _____ Hair Color _____

Wears Glasses Yes No Distinguishing Feature _____

Does patient have access to weapons such as guns or knives? Yes No

If yes, please provide any information available: _____

Will patient be aggressive and/or violent when police officer arrives? Yes No Uncertain

Will patient run? Yes No Uncertain

Should the police officer take back-up with them? Yes No

If yes, please provide any information available: _____

Are there any dogs in the home or yard? Yes No

If yes, are they aggressive? Yes No

Name and phone number of person officer can call if unable to serve patient or if he/she desires any additional information: _____

Description of automobile patient is driving:

Year _____ Make _____ Model _____ Color _____ Tag Number _____

Possible location of patient if not at home address: _____

Directions: _____

Please note any additional information that may be of help to the officer: _____

Signature: _____