

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

**The completed form can be returned to Oconee Co E-911 in person or by fax, mail, or email.**

**Address: 1120 Experiment Station Rd///P. O. Box 563 Watkinsville GA 30677**

**Email: kmarchman@oconeesherriff.org FAX: 706-769-3955**

**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 Oconee 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: \_\_\_\_\_

**OCONEE COUNTY E-911 USE ONLY:**

- New Applicant
- Updated Info
- Renewal

Date Received: \_\_\_\_\_

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

Entered By: \_\_\_\_\_ Date/Time: \_\_\_\_\_

If the individual resides in Oconee County also add Location Alert for that address

Entered By: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Keep information for 3 years or if advised the information is no longer valid.

Removed By: \_\_\_\_\_ Date/Time: \_\_\_\_\_