



Cherokee County E 9-1-1

Logan's Law / Logan's List (H.B. 631)

Special Concerns Response Form (v2.1)



Please complete the form and return to Cherokee County E 9-1-1 by one of the below methods:

Postal Mail: 150 Chattin Dr., Canton, GA 30115

Email: CAD@cherokeega.com

Fax: 678-493-4911

Individual's Identifying Information

(Section 1)

Full Name:

Nickname(s):

Date Of Birth:

Individual's School Information

(Section 2)

Does The Individual Go To School In Cherokee County: Yes No (If **No** Go To Section 3)

Cherokee County Public Schools: Yes No

↳ What School Do They Attend:

Private Or Other School: Yes No

↳ Name And Address Of The School:

If using the fillable form, please click on the dropdown. If filling out by hand please write the name and full address, please

Individual's Work Information

(Section 3)

Does The Individual Work In Cherokee County: Yes No (If **No** Go To Section 4)

If Yes, What Is The Name And Address:

Individual's Physical Description

(Section 4)

Race:

Gender:

Height:

Weight:

Hair Color:

Eye Color:

Any Distinguishing Features:

Individual's Special Concerns Or Conditions

(Section 5)

What Are The Special Concern(s) Or Condition(s):

Regarding The Concern Or Condition, Does The Individual Take Any Medications: Yes No

Regarding The Concern Or Condition, What Medications Do They Take And How Do They Affect The Individual:

The Individual Is:

- Sensitive To Light(s)
- Sensitive To Sound(s)
- Sensitive To Smell(s)
- Sensitive To Touch
- Likely To Become Combative
- Likely To Hide
- Likely To Flee / Run
- Subject To Seizures
- Fear Of Uniformed Personel (Police / Fire / EMS)
- History Of Violence

Are There Any Additional Actions Or Triggers Which May Escalate An Interaction With The Individual And:

How Can First Responders Attempt To Better Address The Individual With Specfic Actions Or Techniques If Able:

Responsible Party Submitting Form

(Section 6)

Full Name:

Relationship To The Protected Individual:

Parent Sibling Spouse Immediate Family Friend Other

Address:

Email:

Mobile Phone:

Home Phone:

Do You Have Any Emergency Contact To Enter: Yes: No: (If **Yes** Go To Section 7)

***Besides The Above Responsible Party**

Emergency Contacts

(Section 7)

-----*Contact 1*-----

Please Do Not Enter The Responsible Party As An Emergency Contact

Full Name:

Relationship To The Protected Individual:

Parent Sibling Spouse Immediate Family Friend Other

Mobile Phone:

-----*Contact 2*-----

Full Name:

Relationship To The Protected Individual:

Parent Sibling Spouse Immediate Family Friend Other

Mobile Phone:

-----*Contact 3*-----

Full Name:

Relationship To The Protected Individual:

Parent Sibling Spouse Immediate Family Friend Other

Mobile Phone:

Important Note

Cherokee County E 9-1-1 will send an email to the responsible party once the information is received and entered into our system. This email will come from cad@cherokeega.com and may go to your junk or spam folder. If you do not hear from us after three business days, please email us at cad@cherokeega.com so we can look into it further.

Thank you for submitting information regarding an individual who is protected under Logan's Law. Please contact Support Services Deputy Director Alice Fennell at kafennell@cherokeega.com if you have any questions.

Cherokee County E 9-1-1 Use Only:

NEW APPLICANT | UPDATE | RENEWAL | REMOVAL

DATE RECEIVED: _____

ENTERED BY: _____ | **DATE/TIME:** _____

KEEP INFORMATION FOR 3 YEARS OR IF ADVISED THE INFORMATION IS NO LONGER VALID.

REMOVED BY: _____ | **DATE/TIME:** _____