

**Special Concerns Response Information  
Logan's Law (HB 631)**

**Please complete and return to Troup County 911.**

**General information about the Special Concerns person.**

Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Employer/School Address (Only if in Troup County jurisdiction):

\_\_\_\_\_

\_\_\_\_\_

Special concern or condition: \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

How does this medication affect actions, responses, senses, he potential for violence,

etc? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any activations or triggers which may escalate an encounter? What actions should

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: \_\_\_\_\_

**Special Concerns Response Information  
Logan's Law (HB 631)**

**Responsible Party Completing This Form**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

**PUBLIC SAFETY JURISDICTION USE ONLY:**

- 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 911: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Submit via email to [smclaughlin@trouppcountyga.gov](mailto:smclaughlin@trouppcountyga.gov) or FAX to 706-883-1666

Or US Mail to:  
Troup County 911  
100 Ridley Ave  
LaGrange, GA 30240

Please call 706-883-1700 if you have any questions.