



Murray County E 9-1-1

Logan's Law / Logan's List (H.B. 631) Special Concerns Response Form

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

Postal Mail: 810 G.I. Maddox pkwy Chatsworth Ga 30705

Email: LogansList@murraycountyga.gov

Fax: 706-517-5957

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 Murray County: Yes No (If No Go To Section 3)

Murray County Public Schools: Yes No

↳ What School Do They Attend:

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

Private Or Other School: Yes No

↳ Name And Address Of The School:

Individual's Work Information

(Section 3)

Does The Individual Work In Murray 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 Personnel (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 Specific 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

Murray 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 LogansList@murraycountyga.gov and may go to your junk or spam folder. If you do not hear from us after three business days, please email us at LogansList@murraycountyga.gov so we can look into it further.

Thank you for submitting information regarding an individual who is protected under Logan's Law. Please contact 911 Deputy Director Jennifer Sosebee at jclayton@murraycountyga.gov if you have any questions.

Murray 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:** _____