



SPECIAL ALERT REQUEST

The Los Angeles County Sheriff's Department (LASD) will use the information you voluntarily provide below to help you and your loved ones when deputies respond to your calls for service. LASD will enter a "Special Alert" in its computer dispatch system, and deputies will receive certain information when responding. This information will not be used to enforce laws against you or your loved ones. By providing this information in advance, you are alerting deputies to the needs of the people in your home who are suspected of having or have been diagnosed with an intellectual, mental, or physical disability, which may help them decide how to best approach and what resources to bring with them. If needed and available, those resources may include a co-response with trained mental health support professionals who specialize in peacefully resolving critical situations.

REQUESTING PARTY INFORMATION

Name (Last, First, MI)		Date of Birth	Driver License/ID/Passport Number	Issued By
Address			City/State/ZIP	
Phone	Email	Relationship to Participant		

SPECIAL ALERT PARTICIPANT INFORMATION

Name of Participant (Last, First, MI)		Date of Birth	Driver License/ID/Passport Number	Issued By
Address			City/State/ZIP	
Preferred name or Nicknames (if any)		Language Spoken/Understood	Verbal/Non-Verbal?	
Sex	Height	Weight	Hair Color	Eye Color
Diagnosis(es) (if applicable)		Physical Disability (if applicable, i.e., hard of hearing, blind)		
Objects or Stimuli that the Participant responds positively to (i.e., music, pictures, favorite toy, caretaker)				
Walking Aid/Mobility Assistance Required (if applicable)				
Behavioral Triggers/Avoidances (if applicable)			Treating Psychologist/Psychiatrist Name and Phone	
Past Violent Behavior (towards family or others, if applicable)				
Weapons in the home?				

IMPORTANT: I acknowledge that I have voluntarily provided this information for entry as a Special Alert into the LASD computer dispatch system. The LASD respects the right to privacy and will not produce this for to any member of the public without a court order requiring it to do so. The LASD will not collect or maintain the information on this form for any purpose other than to assist you and your loved ones. I further acknowledge that: 1) The information on this form is accurate to the best of my knowledge; 2) LASD will only maintain the information for two years; 3) I will update this form with new information as needed; 4) No legally binding promises or guarantees have been made; and 5) I release LASD from all liability related to the use or maintenance of this information.

Name of Requesting Party (Please Print)	Signature	Date
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For Department Use Only:

Date Received/Verified	By (LASD Employee Name)	Employee Number
Date Entered in CAD System	By (LASD Employee Name)	Employee Number
Comments		