

Palmdale S.R.D. Program

New Entry Updated Entry

Last Name: _____ First Name: _____

Alias / AKA: _____

Date of Birth: _____ CDL/ID #: _____ State: _____

Sex: _____ Race: _____

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Residential Address: _____

City: _____

Home Phone: (____) _____ - _____ Alt. Phone: (____) _____ - _____

Vehicle Driven by Participant:

Year: _____ Make: _____ Model: _____

Color: _____ License Plate: _____ State: _____

Mental Condition: _____

Triggers: _____

Calming Suggestions: _____

Medical Conditions: _____

Required Medications: _____

Doctor: _____

Doctor's Phone: _____



Probable Destinations: _____

Other Concerns/History: _____

Contact Person #1

Name: _____ Relationship: _____

Phone Number: (____)____-_____

Contact Person #2

Name: _____ Relationship: _____

Phone Number: (____)____-_____

Recent Photograph Attached



Approximate date photo was taken: _____

I acknowledge that I have VOLUNTARILY provided this information for entry into the Palmdale Special Response Database (S.R.D.) Program. I understand that the information will be retained by the Palmdale Sheriff's Station. The information will be used during encounters with law enforcement including calls for service or contacts involving the Participant. The information will also be used in the identification, safety, and return of the Participant should he/she be found, reported missing, or otherwise determined to be at-risk by emergency response personnel.

Signature of Participant _____

Date _____

If Participant is unable to sign:

I acknowledge that I have the legal authority to enter the Participant named on this form into the Palmdale S.R.D. Program.

Print Name _____

Signature _____

Date _____

For Department Use Only

CAD Entry by: _____

Date: _____

Database Entry by: _____

Date: _____