

**Mental Health Premise Alert
Voluntary Early Notification Registration Form**

Purpose: Provide responding law enforcement officers and other first responders with information which may assist them in their investigations and responses to calls for service. Completing this form is voluntary. The information provided may be submitted and added to law enforcement dispatch systems. Please **PRINT** responses.

This form can be completed by:

- Individuals who have a mental illness
- Parents or guardians of minor children who have a mental illness
- Those with legal guardianship for another who has a mental illness*
- Those with lawful power of attorney for another who has a mental illness *
- Current foster care parents of child living within premise who has a mental illness (the child's name is not required)
- A family member living at the premise of a person who has mental illness

*Proof of guardianship/lawful power of attorney is required **if this form is completed for a person who does not live with you.** Copy and submit documents (they will not be returned).

Information provided in the Mental Health Premise Alert Voluntary Early Notification Registration Form, hereafter referred to as "Premise Alert," will be kept as a hard copy paper document by the Johnson County Sheriff's Office, and will be maintained in the Johnson County Sheriff's Office Computer Aided Dispatch.

When dispatch receives a call about the address listed on the form, the information on the form may be provided to the responding law enforcement officers/and or other emergency responders by radio to assist them in their investigations and responses to calls for service.

The information will be maintained by the Sheriff's Office for **three months**. At the end of three months, the Sheriff's Office will contact the provider of the information to confirm its accuracy and consent to continue to keep the information. In the event the provider of the information wants to change or remove this form before the three month period ends, they must contact the Sheriff's Office (phone: 913-782-0720). If after three months, the Sheriff's Office cannot reach the provider of the information at the phone number listed, the information will be deleted from the Computer Aided Dispatch system.

By signing the last page, you confirm understanding that the Sheriff's Office and responding officers will do the best they can to preserve confidentiality; however, when dispatch broadcasts information over the radio, it may be heard by others. It is not secure and could be intercepted.

Today's Date _____

1. Do you/your loved one have a mental illness or history of mental illness?

Yes No (*Do not complete form if answered "no."*)

2. Name of person who has a mental illness: _____

Address: _____

Date of Birth: _____ Sex: Male Female

Height: _____ Weight: _____ Race: _____

Home phone: _____ Cell phone: _____

Please describe mental illness. (**Please print and respond as briefly as possible.**)

3. Contact Information: (Two contacts may be listed; however, listing one person is preferred. Further, if this form is being completed by an individual other than the person named above, the individual completing this form is the preferred contact.)

Please Print

Primary Contact:

Name:

Address:

Home phone:

Cell phone:

Relationship to person with mental illness:

Secondary Contact:

Name:

Address:

Home phone:

Cell phone:

Relationship to person with mental illness:

4. Please check if any of the following apply:

- | | |
|---|---|
| <input type="checkbox"/> History of Violent Behavior | <input type="checkbox"/> Aggressive Pets in Home |
| <input type="checkbox"/> History of Aggressive Behavior | <input type="checkbox"/> Live Alone |
| <input type="checkbox"/> History of Substance Abuse | <input type="checkbox"/> Live with Others |
| <input type="checkbox"/> Guns on Premise | <input type="checkbox"/> Fearful of Police |
| <input type="checkbox"/> Children in the Home | <input type="checkbox"/> Fearful of Members of Opposite Sex |

5. Please check if any of the following suggestion(s) would be preferred if you/your loved one is contacted:

- Call Johnson County Mental Health crisis line
- Call person(s) listed as contact
- Send Crisis Intervention Trained (CIT) officer, if possible

My signature below constitutes an affirmation that I am the person named above, or I am one of the following for the person named above for whom I have provided information:

- Parent or guardian of minor child named above
- Person with legal guardianship of person named above*
- Person with lawful power of attorney for person named above*
- Current foster care parent of child living within premise (the child's name is not required)
- A family member living at the premise of a person who has mental illness

***Proof of guardianship/lawful power of attorney is required if this form is completed for a person who does not live with you.**

Further, my signature below affirms the following:

- I consent to have this information entered into the necessary Computer-Aided Dispatch systems and agree that it may be shared among law enforcement personnel;
- I understand the Sheriff's Office and first responders will do the best they can to preserve confidentiality, but they cannot guarantee confidentiality;
- I understand when dispatch broadcasts information over the radio it may be heard by others. It is not secure and could be intercepted;
- I understand providing this information **in no way guarantees how law enforcement will respond** to calls for service at the address provided;
- I understand providing this information **does not guarantee or imply any specific actions or disposition** by law enforcement.

Signature: _____ Date: _____

Printed name: _____

Address: _____

Phone number: _____

Relationship to person with mental illness: _____

How to submit this form:

Mail: Johnson County Sheriff's Office
Communications Division
11880 S. Sunset Drive
Olathe, KS 66061

Fax: (913)826-1183
Please send to the attention of the **on-duty supervisor**