DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES
INCARCERATED INDIVIDUAL EMERGENCY NOTIFICATION OF FAMILY MEMBER ILLNESS, INJURY, OR DEATH

Part 1: To be filled out completely by staff member taking call.

Date: _____ / _____ / _____	Time: _____ A.M. / P.M.
Incarcerated Individual's Name:	SID #:
Facility:	Housing Unit:
Calling Party's Name:	Relationship to Incarcerated Individual:
Address of Calling Party:	Telephone Number of Caller:
Name of Person in Emergency:	Relationship to Incarcerated Individual

Type of Emergency:

☐ Death ☐ Sickness ☐ Accident ☐ Other: _____

Source of Information:

Hospital _____ Time: _____

Mortuary: _____ Address: _____

City: _____ Phone: _____

Date/Time of Funeral: _____ / _____ / _____ _____ A.M. / P.M.

Room Number: _____ Physician: _____

Condition of Patient: _____

_____

Chaplain Notified: _____ / _____ / _____ _____ A.M. / P.M.

Comments (Incarcerated Individuals Response)

_____

_____

_____

Incarcerated individual notified: ☐ Yes ☐ No

Notification made by: _____

Signature of staff member taking call:

_____ _____

Sign Print

Follow-up counseling provided on _____ / _____ / _____ ; by _____