

**INCARCERATED INDIVIDUAL EMERGENCY NOTIFICATION  
OF FAMILY MEMBER ILLNESS, INJURY, OR DEATH**

**PART 1: TO BE FILLED OUT COMPLETELY BY STAFF MEMBER TAKING CALL**

<b>DATE:</b> _____ / _____ / _____	<b>TIME:</b> _____ A.M. / P.M.
<b>NAME:</b>	<b>SID NUMBER:</b>
<b>FACILITY:</b>	<b>HOUSING UNIT:</b>
<b>CALLING PARTY'S NAME:</b>	<b>RELATIONSHIP TO OFFENDER:</b>
<b>ADDRESS OF CALLING PARTY:</b>	<b>TELEPHONE NUMBER OF CALLER:</b> (_____) _____
<b>NAME OF PERSON IN EMERGENCY:</b>	<b>RELATIONSHIP TO OFFENDER:</b>
<b>TYPE OF EMERGENCY:</b> DEATH _____ SICKNESS _____ ACCIDENT _____ OTHER _____	
<b>SOURCE OF INFORMATION:</b> HOSPITAL: _____ TIME: _____ MORTUARY: _____ ADDRESS: _____ CITY: _____ PHONE: (_____) _____ DATE / TIME OF FUNERAL: _____ / _____ / _____ ROOM NUMBER: _____ PHYSICIAN: _____ CONDITION OF PATIENT: _____ _____	
<b>CHAPLAIN NOTIFIED: DATE:</b> _____ / _____ / _____ <b>TIME:</b> _____ A.M. / P.M.	
<b>COMMENTS (inmate's response):</b> _____ _____ _____	
<b>THE INMATE _____ NEEDS TO BE NOTIFIED / THE INMATE WAS NOTIFIED BY _____</b>	
<b>SIGNATURE OF STAFF MEMBER TAKING CALL:</b> SIGN: _____ PRINT: _____	
<b>FOLLOW-UP COUNSELING PROVIDED ON _____ ; BY _____</b>	