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.**
NAME:	**SID NUMBER:**
FACILITY:	**HOUSING UNIT:**
CALLING PARTY'S NAME:	**RELATIONSHIP TO OFFENDER:**
ADDRESS OF CALLING PARTY:	**TELEPHONE NUMBER OF CALLER:** (_____) _____
NAME OF PERSON IN EMERGENCY:	**RELATIONSHIP TO OFFENDER:**

TYPE OF EMERGENCY:

DEATH _____ **SICKNESS** _____ **ACCIDENT** _____ **OTHER** _____

SOURCE OF INFORMATION:

HOSPITAL: _____ **TIME:** _____

MORTUARY: _____ **ADDRESS:** _____

CITY: _____ **PHONE:** (_____) _____

DATE / TIME OF FUNERAL: _____/_____/_____ _____

ROOM NUMBER: _____ **PHYSICIAN:** _____

CONDITION OF PATIENT: _____

_____

CHAPLAIN NOTIFIED: DATE: _____/_____/_____ **TIME:** _____ **A.M. / P.M.**

COMMENTS (incarcerated individual's response):

THE II _____ **NEEDS TO BE NOTIFIED / THE II WAS NOTIFIED BY** _____

SIGNATURE OF STAFF MEMBER TAKING CALL:

SIGN:_____ **PRINT:** _____

FOLLOW-UP COUNSELING PROVIDED ON _____ **; BY** _____

cc: Case Management
File