

# Vernon Hills Police Department

Public Act 96-0788 Illinois Premise Alert Program Act Entry Request

## Special Needs Person:

Home Address: \_\_\_\_\_  
(Address must be within the corporate limits of Vernon Hills)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Identifiers: Gender: \_\_\_\_\_ Race: \_\_\_\_\_ HT: \_\_\_\_\_ WT: \_\_\_\_\_ Hair: \_\_\_\_\_ Eye: \_\_\_\_\_ Photo: Y N

## Special concerns conditions: (Please identify/describe)

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Is subject on medications(s)? If so, does it affect subject's actions, responses, senses, or potential for violence, etc.?

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Please list any particulars unique to the individual (sensitivity to light or touch, non-verbal, subject to seizures, violence, hiding, fighting, etc.?)

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Please list any "triggers" or actions which might escalate a confrontation with this individual:

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Please list any compliance techniques or suggestions: \_\_\_\_\_

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## Requestor Information:

Name: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I affirm all the above is true to the best of my ability. I understand that this information will be maintained for a period of 2 years from date of entry pursuant to Public Act 096-0788 and by electing to participate in PAP, I will not be afforded any preferential treatment. The Vernon Hills Police Department, at the end of the 2 year period, will contact me to ascertain if I wish to continue in the PAP program.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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Date received: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Entered into CAD by: \_\_\_\_\_