



FARMINGTON POLICE DEPARTMENT
 116 FRANKLIN AVENUE · FARMINGTON · MAINE 04938
 EMERGENCY 911 · Tel. (207) 778-6311 · TDD (207) 778-5873 · FAX (207) 778-5872
 Kenneth A. Charles - Chief of Police



Contact Person Intake Form

Date: _____

PARTICIPATING PERSON INFORMATION:

Name commonly used: _____

Last Name: _____

First Name: _____

Middle Name: _____

Date of birth: _____

Height: _____ Weight: _____ Eye Color: _____

Hair Color: _____

Scars/marks/tattoos: _____

Legal parent/guardian: _____

Physical address: _____

Known triggers: _____

Known calmers: _____

Medical issues (please include allergies): Alzheimer's/Dementia Autism

Diabetes Allergies Other

CONTACT PERSON INFORMATION:

Contact Person: _____

Relationship: _____

Contact person address: _____

Contact person phone number: _____

OFFICE USE ONLY:
ORI: _____
OCA: _____
LEO: _____
Entered into IMC:
Sent to FCRCC:

Recent Photo

Write full name and date of birth on back of photo.

Staple photo to form.

(Head and shoulders photo taken within the last 12 months)

Mission: "To create a feeling of safety for the people within the Town of Farmington"

CASE WORKER INFORMATION (IF APPLICABLE):

Case worker: _____

Agency: _____

Phone number: _____

Participating Person Applicant and Signature

I am voluntarily providing contact information for and designating the Contact Person named above to assist me with communications during an encounter with law enforcement. I may withdraw this designation at any time by providing notice to the Contact Person and the law enforcement agency.

Signature of Participating Person

Date

Legal Guardian of Participating Person Applicant and Signature

I am the legal guardian of the Participating Person named above. I am voluntarily providing contact information for and designating the Contact Person, named above, to assist the Participating Person with communications during an encounter with law enforcement. I may withdraw this designation at any time.

Signature of Legal Parent/Guardian

Date

Contact Person Applicant and Signature

I agree to be the designated Contact Person for the above-named Participating Person to assist that person with communications during an encounter with law enforcement. I may withdraw this designation at any time by providing notice to the Participating Person or the legal guardian of the Participating Person and the law enforcement agency.

Signature of Contact Person

Date

Law Enforcement Verification and Signature

I witnessed the signatures and verified the identity and personally identifying information of the Applicant (Participating Person or Legal Guardian) and the Contact Person. If the applicant is a legal guardian, I have verified that designation and status. See 18-C M.R.S. § 5-301 or § 5-701.

Signature of Verification Agency Representative

Date