

Chief of Police
Allen D. Aldenberg
Assistant Chief
Steven A. Mangone



Commission
Scott R. Spradling, *Chairman*
Charlie Sherman
Manny Content
Eva Castillo
John G. Cronin

CITY OF MANCHESTER
Police Department
JUST IN CASE PROGRAM

Last Name: _____ First: _____ Middle: _____

Nickname(s): _____

Street Address: _____

City: _____ County: _____

State: _____ Zip Code: _____

Telephone Number: _____

Date of Birth: _____ Age: _____

Race: _____ Gender: _____

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Scars/marks/tattoos: _____

Language(s) Spoken: _____

MPD FORM 218

Continued next page

Michael L. Briggs Public Safety Building
405 Valley Street • Manchester, New Hampshire 03103 • (603) 668-8711 • FAX: (603) 668-8941
E-mail: ManchesterPD@manchesternh.gov • Website: www.manchesterpd.com

A NATIONALLY ACCREDITED LAW ENFORCEMENT AGENCY





CITY OF MANCHESTER
Police Department

Applicant's Name: _____

Observable behaviors, if any (such as rocking, pacing, etc.)

Triggers (Bright Lights? Loud noises? Being touched?)

Interests/topics that may calm the person and help them build rapport

Communication characteristics (non-verbal, sign language, etc.)

Medical:

Physician's Name: _____

Physician's Telephone Number: _____

Medical Condition(s): _____

Emergency Contact (Primary):

Name: _____

Address: _____

Home Phone: _____ Work/Cell Phone _____

Relationship to Applicant: _____

Any Additional Information / Additional Emergency Contacts / Local Agencies You Work With?: