



**MICHAEL A. ADKINSON, JR., SHERIFF**  
**Office of the Sheriff, Walton County**

**HANDLE WITH CARE**

Please complete this form for each member of your household that requires any special needs or any attention and return to the Walton County Sheriff's Office or e-mail to [handlewithcare@waltonso.org](mailto:handlewithcare@waltonso.org)

Date:

Incident #:

Deputy:

**Client Information**

Name:			Age:	DOB:	
Address		City	St	Zip Code	
Home Phone #	Cell Phone #	Race	Sex	Height	Weight
Hair	Eye	Social Security #	DL / ID #		

**Please list any other Physical, Psychological, or Diagnosed Behavioral special needs which shall serve as a reminder to the first responders that needed special consideration or attention may be needed or given to the individual involved in a call for service. (Examples Autism, Dementia, Down Syndrome, Hearing Impaired, Immobility, Speech Impaired, Etc.)**

## Emergency Contact Information

Name:			Age:	DOB:	Relationship:	
Address			City		St	Zip Code
Home Phone #	Cell Phone #	Race	Sex	Height	Weight	
Hair	Eye	Social Security #	DL or ID #			

Name:			Age:	DOB:	Relationship:	
Address			City		St	Zip Code
Home Phone #	Cell Phone #	Race	Sex	Height	Weight	
Hair	Eye	Social Security #	DL or ID #			

## Vehicle Information

Year	Make	Model	Color	Tag #	Tag State

*Please allow three business days for contact by Sheriff's Office personnel. Walton County Sheriff's Office complies with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its amendments. All information received on this form will be kept private and not for public use. If you have any questions please call the Sheriff's Office at 850-892-8186.*

=====Internal Use Only=====

Date Received:	Received By:	
Date Contacted Citizen:		
Signature: _____		Notes: