

ADDITIONAL INFORMATION

C.O.P.E., INC. values all people who walk in our office. One of our main concerns for everyone who walks into our office is your safety. If you are in danger or in fear of your life, we aim at doing everything possible to keep you safe. In order to do this, we ask that you give us the following information in case an emergency occurs.

INFORMATION ABOUT YOU

NAME: _____ AGE: _____

WRITE ANY OTHER NAME USED: _____

PHYSICAL ADDRESS: _____

SAFE CONFIDENTIAL ADDRESS YOU WOULD LIKE US TO MAIL CORRESPONDANCE TO OR
E MAIL ADDRESS IF APPLICABLE: _____

PHONE NUMBER: (CELL) _____ (HOME) _____ (SAFE MESSAGE) _____

HEIGHT: _____ WEIGHT: _____ COLOR OF HAIR: _____ COLOR OF EYES: _____

YEAR AND MAKE OF YOUR VEHICLE: _____ COLOR OF YOUR VEHICLE: _____

DO YOU ...

HAVE ACCESS TO A WEAPON: YES/ NO

KNOW LOCATION OF OTHER PERSON: YES/ NO

HAVE A CRIMINAL RECORD: YES/NO

ARE YOU INVOLVED IN GANGS: YES/NO

DISTINGUISHING MARKS/ DESCRIPTION (EYE GLASSES, TATTOOS, BIRTHMARKS, SCARS, ETC.):

INFORMATION ABOUT THE PERSON YOU HAD AN ALTERCATION WITH

(Please circle what their relationship is to you)

SPOUSE/ PARTNER/HOUSEHOLD MEMBER OR FAMILY MEMBERS

NAME: _____

ADDRESS: _____

PHONE NUMBER: (CELL) _____ (HOME) _____

PLACE OF EMPLOYMENT: _____

BIRTHDATE: _____ AGE: _____ ETHNICITY: _____ GENDER: _____

HEIGHT: _____ WEIGHT: _____ COLOR OF HAIR: _____ COLOR OF EYES: _____

YEAR AND MAKE OF THEIR VEHICLE: _____ COLOR OF THEIR VEHICLE: _____

DO THEY ...

HAVE ACCESS TO A WEAPON: YES/ NO

KNOWS YOUR LOCATION: YES/ NO

HAVE A CRIMINAL RECORD: YES/NO

ARE THEY INVOLVED IN GANGS: YES/NO

DISTINGUISHING MARKS/ DESCRIPTION (EYE GLASSES, TATTOOS, BIRTHMARKS, SCARS, ETC.):

ADDITIONAL INFORMATION YOU FEEL IS IMPORTANT: