



**NOTIFICATION TO LAW ENFORCEMENT OF**  
**“NEW JERSEY DUTY TO WARN LAW”**  
 REF. PL 1991, CHAPTER 270, UPDATED 6/13/18



PLEASE COMPLETE FORM IF IT IS BELIEVED THE PATIENT HAS COMMUNICATED A THREAT OF IMMINENT, SERIOUS PHYSICAL VIOLENCE AGAINST AN INDIVIDUAL, OR AGAINST HIM OR HERSELF. UPON REQUEST, PLEASE EMAIL COMPLETED FORM TO GLOUCESTER COUNTY COMMUNICATIONS. **\*THIS FORM IS FOR MEDICAL PROFESSIONAL'S USE ONLY**

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

Street Address of Patient: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Patient Phone Number(s): Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact for Patient:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Date Threat Was Made: \_\_\_\_\_ Today's Date: \_\_\_\_\_

*Circumstances of Imminent Threat:*

Has Any Other Person(s) Been Threatened? Yes No

Name(s) of Threatened Individuals/Groups: \_\_\_\_\_ Individual Group Unknown

Has the Threatened Individual Been Notified? Yes No Does the Patient Have Access to a Firearm? Yes No Unknown

If Yes, Where? \_\_\_\_\_

Is The Patient Secured in a Facility? Yes No If Yes, Where? \_\_\_\_\_

Facility Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dispatch contacted? Yes No If Yes, How? Called (856) 307-7180 Email to [phoenixadmin@co.gloucester.nj.us](mailto:phoenixadmin@co.gloucester.nj.us)  
 AND [policeroom@co.gloucester.nj.us](mailto:policeroom@co.gloucester.nj.us).

Date/Time Dispatch Contacted: \_\_\_\_\_

Individual Completing Report (Please Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Agency/Department: \_\_\_\_\_ Phone Number: \_\_\_\_\_