



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.goucester.nj.us

AND policeroom@co.goucester.nj.us.

Date/Time Dispatch Contacted: _____

Individual Completing Report (Please Print): _____ Signature: _____

Agency/Department: _____ Phone Number: _____