

SOUTH CAROLINA LAW ENFORCEMENT DIVISION

MARK SANFORD
Governor



REGINALD I. LLOYD
Director

TO: ALL STATE CONSTABLES

FROM: Tim James, Assistant Director

SUBJECT: EMERGENCY NOTIFICATION INFORMATION

In the event of an emergency, it is important that the Division maintains current and accurate emergency contact information for State Constables. Therefore, it is requested that you complete all the information below and return it to the SLED Regulatory Office as soon as possible. **The information provided on this form will be maintained at the SLED SCIIIC (Fusion Center Operations Desk, 803-896-7133), in a sealed envelope and opened only if you are seriously injured or killed in the line of duty.** It is the responsibility of all Constables to update this information as changes occur. This information will assist the Division in making notification and also may be of extreme comfort to you and your family in a difficult time. Thank you for your immediate attention to this important matter. Should you have any questions please feel free to contact our office at 803-896-7015.

Constable Name: _____

AD Number: _____

Home Address: _____

Work Address: _____

Home Phone: () _____ Work Phone: () _____ Cell: () _____



CONSTABLE EMERGENCY NOTIFICATION INFORMATION (pg. 2)

MEDICAL INFORMATION : (Optional)

Doctor: _____ Phone #: _____

Address: _____

Your Blood Type: _____ Allergies: _____

Medical Allergies: _____

Medical Condition that May Influence Treatment: _____

PERSON TO BE CONTACTED IN CASE OF EMERGENCY:

Name: _____ Relationship: _____

Home Address: _____

Employer and Address: _____

Home Phone: _____ Work Phone: _____

Cell phone: _____

Name _____ Relationship: _____

Home Address: _____

Employer and Address _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Children: Name: _____ Age: _____

 Name: _____ Age: _____

 Name: _____ Age: _____

CONSTABLE EMERGENCY NOTIFICATION INFORMATION (pg. 3)

DESIGNATED PERSON TO ASSIST IN EMERGENCY NOTIFICATION

Name: _____ Relationship: _____

Home Address: _____

Employer and Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Name: _____ Relationship: _____

Home Address: _____

Employer and Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

ADDITIONAL INFORMATION:

Other persons to be personally notified by Law Enforcement:

Name: _____ Relationship: _____

Home Address: _____

Employer and Address: _____

Phone (H): _____ (W): _____ (C): _____

Other persons to be telephonically notified by Law Enforcement:

Name: _____ Relationship: _____

Phone: (H): _____ (W): _____ (C): _____

Name: _____ Relationship: _____

Phone (H): _____ (W): _____ (C): _____

Funeral Home Preferences: _____

Instructions: _____

Pastor/Official: _____

Church/Synagogue/Location: _____

Cemetery: _____

Other: _____

Veteran: Yes No Military Funeral (If Eligible): Yes No

Law Enforcement Funeral: Yes No

Fraternal Organization Rites: Yes No _____

Memberships that may provide assistance to your family (SCLEOA, etc):

Will: Yes No Location: _____

Executor: _____ Attorney: _____

Insurance/Important Documents: Location: _____

If you are killed in the line of duty, your beneficiary may be eligible for the US Dept. of Justice Line of Duty Death Benefits. It is important that you designate and maintain up to date beneficiary information.

Special Requests or Directions: _____

Signature: _____ Date: _____