

Judicial Council Standing Committee on Judicial Security

CONTACT INFORMATION

Name:

Phone Number:

E-mail Address:

Class of Court:

THREAT INFORMATION

Date of Threat:

Name of Threat:

Relationship:

Defendant

Plaintiff

Witness

Other (*please specify*):

Nature of Threat (*Check applicable*):

Physical Harm

Verbal Threat

Stalking/Harassment

Property Damage

Other (*please specify*):

Description of Threat (*provide a detailed account of the threat, including the circumstances, who made the threat, how it was communicated, etc.*):

Your Perceived Risk Level:

Low

Medium

High

Imminent Danger

What is the reason for the risk assessment level (*provide reasons or context for the risk level determination*)?

THREAT RESPONSE

Describe the immediate action taken (*i.e., alerting authorities, court security measures, restraining orders, etc.*) and when such actions were taken (*please provide the date(s) and the authority contacted*):

What are the required follow-up actions (*i.e., action(s) needed for further monitoring or investigation*)?

Person(s) assigned for follow-up (*please provide their name and position*):

Please submit this form to mccoymh@gasupreme.us.