



SHERIFF OF LEE COUNTY

JAY JONES



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* Are You Ok? Field Interview Form *

| | | | | |
|--------------------------|-------------------------------------|------|--------------|---------------------|
| Subscriber Telephone No. | Home Phone <input type="checkbox"/> | Date | Time to Call | Day of week to call |
| | Cell Phone <input type="checkbox"/> | | | |

SUBSCRIBER INFORMATION

| | | | | |
|---------------------|-----------|-------------------------------------|---------------|---------------------|
| Last Name | | First Name | | M.I. |
| Address | | City | State | Zip |
| Date of Birth | Gender | Race | Height | Weight |
| Hair Color | Eye Color | Identifying Marks | | |
| Social Security No. | | Driver's License/Identification No. | | State Issuing DL/ID |
| Vehicle Make/Model | | Vehicle Year | Vehicle Color | Vehicle Plate No. |

CLERGY & DOCTOR INFORMATION

| | |
|---------------|--------------------|
| Doctor's Name | Doctor's Phone No. |
| Clergy's Name | Clergy's Phone No. |

IN CASE OF EMERGENCY, NOTIFY:

| | |
|--------------------------|--------------------------|
| Name (Last, First, M.I.) | Name (Last, First, M.I.) |
| Address | Address |
| City, State, Zip Code | City, State, Zip Code |
| Phone No. | Phone No. |

NEXT OF KIN

| | |
|--------------------------|--------------------------|
| Name (Last, First, M.I.) | Name (Last, First, M.I.) |
| Address | Address |
| City, State, Zip Code | City, State, Zip Code |
| Phone No. | Phone No. |

| KEY & RESIDECE INFORMATION | | |
|---|---|------|
| Is there a key on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No Location: _____ | | |
| Key Holder Name (Last, First, M.I.) | Key Holder Name (Last, First, M.I.) | |
| Address | Address | |
| City, State, Zip Code | City, State, Zip Code | |
| Phone No. | Phone No. | |
| Do you have any pets? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide information below. Type: _____ Location: _____ | | |
| Do you live alone? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide co-resident(s) information below. Name(s): _____ | | |
| MEDICAL HISTORY | | |
| Are you able to walk? <input type="checkbox"/> Yes <input type="checkbox"/> No List physical impairments below. _____ | | |
| Location of Medical History: _____ | | |
| REMARKS | | |
| | | |
| TERMINATION OF SERVICE | | |
| Initials | I understand and acknowledge that the Lee County Sheriff's Office is providing the "Are You Ok?" service free of charge. I also understand that the Lee County Sheriff's Office may remove me from the "Are You OK?" program at their sole discretion due to continuous false alarms. | |
| _____ | | |
| Initials | I understand that if I need to stop the service temporarily or if I elect to withdraw permanently from the "Are You Ok?" program, I must notify the Lee County Sheriff's Office. | |
| _____ | | |
| WAIVER OF LIABILITY | | |
| In consideration of my participation in the Are You Ok? Program, a free service provided to me by the Lee County Sheriff's Office which consists of daily computer generated calls to my home or cellular telephone number at a pre-designated time, I hereby authorize and permit law enforcement to gain access to my home by forced entry if reasonably necessary in order to confirm my health and safety. | | |
| I understand that there is an inherent risk of property damage whenever forced entry is necessary, and I am assuming all such risk. In the event the Lee County Sheriff's Office reasonably believes it necessary to force entry, I hereby waive all claims, demands or requests for repair or replacement costs of damage to my residence or other property including doors, windows, locks, furniture, and other fixtures and personal property of every kind, which damage results from such forced entry. | | |
| I further consent and agree to indemnify, hold harmless, release, discharge, covenant not to sue, and defend Lee County, the Lee County Sheriff's Office, and the employees, elected and appointed officials, agents and representatives of each from and against all claims, damages, losses and expenses, including attorney's fees, by me, my heirs and assign arising from my participation in the "Are You Ok?" Program. | | |
| Printed Name | Signature | Date |

| TERMINATION OF "ARE YOU OK?" SERVICE | |
|---|--|
| Date Are You OK? Service Terminated: _____ | Completed by: _____ |
| Reason for Termination of Service | |
| <input type="checkbox"/> Subscriber withdrew from service voluntarily | <input type="checkbox"/> Service terminated due to continuous false alarms |
| <input type="checkbox"/> Subscriber is deceased | <input type="checkbox"/> Other: _____ |