



Idaho Court Security Incident Report

1. Person Completing Form	
Name (Last, First):	
Title:	Agency:
Phone:	Email:
2. When	
Date:	Time:
3. Where	
County:	Judicial District:
Type of Court: <input type="checkbox"/> Appellate <input type="checkbox"/> District <input type="checkbox"/> Magistrate	Name/Address of Building:
4. Who	
Full Name(Last, First, Middle):	
Date of Birth:	SSN:
Address:	
<input type="checkbox"/> Criminal Defendant <input type="checkbox"/> Non-Criminal Defendant <input type="checkbox"/> Plaintiff <input type="checkbox"/> Respondent <input type="checkbox"/> Petitioner	<input type="checkbox"/> Family Member of Party <input type="checkbox"/> Friend of Party <input type="checkbox"/> Member of Public (unknown relationship) <input type="checkbox"/> Other: _____
5. Type of Incident:	
<input type="checkbox"/> Physical assault <input type="checkbox"/> Disorderly behavior <input type="checkbox"/> Bomb threat <input type="checkbox"/> Hostage situation <input type="checkbox"/> Prisoner escape attempt <input type="checkbox"/> Attempt to bring a weapon into the courtroom or court building <input type="checkbox"/> Threat Type of threat: <input type="checkbox"/> Verbal, in person <input type="checkbox"/> Verbal, telephone <input type="checkbox"/> Written (letter, email, etc.) Threat against: <input type="checkbox"/> Judge or court staff <input type="checkbox"/> Attorneys, witnesses, or jurors <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	Weapon Involved? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, type of weapon: (check all that apply) <input type="checkbox"/> Gun <input type="checkbox"/> Knife <input type="checkbox"/> Blunt Object <input type="checkbox"/> Other: _____
	Anyone Injured? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, who: _____ Medical Attention Rendered? <input type="checkbox"/> No <input type="checkbox"/> Yes



Administrative Office of the Courts

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6. Specific Location of Incident:

- Courtroom
- Judge's Chambers
- Clerk's office
- Holding area
- Parking lot
- Public area of building (lobby, hallway, etc.)
- Other: _____

7. Was Incident Report to Local Law Enforcement?

- No
- Yes

If Yes,

Name of agency: _____

Document Report #: _____

8. Was This Incident Related to a Particular Case?

- Criminal
- Civil
- Mental Health
- Family
- Probate
- Juvenile
- Not related to a particular case

Court Case #: _____



Administrative Office of the Courts

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9. Description of Incident:

Large empty rectangular box for describing the incident.



Email completed form to Judicial Protective Services: jvance@idcourts.net

-or-



Fax to 208-334-2146 ATTN: Judicial Protective Services/Idaho Supreme Court

Any Questions? Please call Jon Vance @ 208-947-7439