

# Case Information Sheet for Mental Health Commitments or Relief from Firearms Disability

Case Number (Clerk fills in case #):
<b>Exempt from Public Disclosure</b>

Fill out this form to start a new case. The information you give us is private.

1. Describe your case:  Relief from Firearms Disability  
 Mental Health Commitment  
 Other (please list) \_\_\_\_\_

## 2. Please fill out the following information for the patient:

Full Legal Name: \_\_\_\_\_  
*First Middle Last*

Any other names used: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
*Street City State Zip*

If address is a facility, name and contact number for the facility: \_\_\_\_\_

\_\_\_\_\_

Work Address: \_\_\_\_\_  
*Street City State Zip*

Phone numbers: \_\_\_\_\_  
*Home Work Cell*

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  Male  Female

Driver's License Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_