

CONTACT PERSON PROGRAM

25 M.R.S. § 2917

Applicant if Participating Person

Participating Person: _____ DOB: _____

Address: _____

Telephone: _____ Email: _____

I am voluntarily providing contact information for and designating the Contact Person named below to assist me with communications during an encounter with law enforcement. I may withdraw this designation at any time by providing notice to the Contact Person and the law enforcement agency.

_____ Date: _____
(Signature of Participating Person)

Applicant if Legal Guardian of Participating Person

Legal Guardian: _____

Address: _____

Telephone: _____ Email: _____

I am the legal guardian of the Participating Person named below. I am voluntarily providing contact information for and designating the Contact Person named below to assist the Participating Person with communications during an encounter with law enforcement. I may withdraw this designation at any time by providing notice to the Contact Person and the law enforcement agency.

Participating Person: _____ DOB: _____

Address: _____

Telephone: _____ Email: _____

_____ Date: _____
(Signature of Legal Guardian)

CONTACT PERSON

Contact Person: _____

Address: _____

Telephone: _____ Email: _____

I agree to be the designated Contact Person for the above-named Participating Person to assist that person with communications during an encounter with law enforcement. I may withdraw this designation at any time by providing notice to the Participating Person or the legal guardian of the Participating Person and the law enforcement agency.

_____ Date: _____
(Signature of Contact Person)

TO BE COMPLETED BY LAW ENFORCEMENT AGENCY

I witnessed the signatures and verified the identity and personally identifying information of the Applicant (Participating Person or Legal Guardian) and the Contact Person. If the Applicant is a legal guardian, I have verified that designation and status. See 18-C M.R.S. § 5-301 or § 5-701.

_____ Date: _____
(Signature of Verification Officer)

Agency: _____

METRO ENTRY INFORMATION

ORI/ _____

[Participating Person]

NAM/ _____ DOB/ _____

SEX/ ___ RAC/ ___ HGT/ ___ WGT/ ___ EYE/ ___ HAI/ ___

[Contact Person]

CNAM/ _____ CNUM/ _____

[Participating Person information of which law enforcement should be aware]

MIS/ _____

Entered on _____ at _____ by _____

WITHDRAWAL FROM CONTACT PERSON PROGRAM

PARTICIPATING PERSON WITHDRAWAL

I, _____, wish to withdraw from further
(Printed Name of Participating Person or Legal Guardian)
participation in the Contact Person Program. I have provided notice to my
designated Contact Person.

_____ Date: _____
(Signature of Participating Person or Legal Guardian)

_____ Date: _____
(Signature of Agency Witness)

CONTACT PERSON WITHDRAWAL

I, _____, wish to withdraw from further
(Printed Name of Contact Person)
participation in the Contact Person Program. I have provided notice to the
Participating Person or Legal Guardian.

_____ Date: _____
(Signature of Contact Person)

_____ Date: _____
(Signature of Agency Witness)

REMOVAL OF METRO INFORMATION

METRO ENTRY REMOVED

on _____ at _____ by _____