

# SRG CONTACT INFORMATION REPORT

**CONFIDENTIAL**



*Georgia Department of Juvenile Justice, 3408 Covington Highway, Decatur, Georgia 30032*

Encounter Information

Date:	Time:	SIR / Case#	Facility:
Reporting Officer:		POST Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Employee#: Okey#

Individual's Information

First Name:		Middle Name:		Last Name:		Suffix:	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Nickname(s):		DOB:	Age:	Place of Birth: City / State		SSN:	
Height:	Weight:	Hair Style:	Race: <input type="checkbox"/> I-Amer Indian <input type="checkbox"/> A-Asian <input type="checkbox"/> B-Blk <input type="checkbox"/> W-Whi <input type="checkbox"/> U-Unk		Eye: <input type="checkbox"/> Blk <input type="checkbox"/> Haz <input type="checkbox"/> Blu <input type="checkbox"/> Mar <input type="checkbox"/> Bro <input type="checkbox"/> Pnk <input type="checkbox"/> Grn <input type="checkbox"/> Mul <input type="checkbox"/> Gry <input type="checkbox"/> Unk		Hair: <input type="checkbox"/> Blk <input type="checkbox"/> Red <input type="checkbox"/> Bln <input type="checkbox"/> Sdy <input type="checkbox"/> Bro <input type="checkbox"/> Whi <input type="checkbox"/> Gry <input type="checkbox"/> Unk
Address: Street		Apt/Lot#	County	City	State	Zip	Phone:
Father's Name: First Middle Last			<input type="checkbox"/> GM	Mother's Name: First Middle Last			<input type="checkbox"/> GM

Gang Information

<b>Brothers / Sisters</b>							
1 - Name:		<input type="checkbox"/> GM	Age:	2 - Name:		<input type="checkbox"/> GM	Age:
3 - Name:		<input type="checkbox"/> GM	Age:				
Gang Name:		Gang Set:		Affiliation:		Rank:	# Years Affiliated:
Gang Leader: Name			Gang Leader: Nickname		Gang Leader: Age	Local Street Name:	
1 Gang Colors:		2 Gang Colors:		Associated numbers & Symbols: (attach examples or photographs)			

Gang Verification

<input type="checkbox"/> The individual admits membership to a group which meets the criteria of a gang
<input type="checkbox"/> Individual adopts gang's style of dress, use of hand signs, symbols, or tattoos
<input type="checkbox"/> An informant of previously untested reliability identified this individual as a gang member and such identification is corroborated by independent information.
<input type="checkbox"/> Individual is an associate of known gang member(s)
<input type="checkbox"/> Other

Supporting Documentation

Supporting documentation or information available: (Check all that apply)	<input type="checkbox"/> Photographs <input type="checkbox"/> Written Statements <input type="checkbox"/> Recorded Interviews <input type="checkbox"/> Social Media Downloads <input type="checkbox"/> Incident Reports <input type="checkbox"/> Court Documents <input type="checkbox"/> Investigator's Report <input type="checkbox"/> Outside Law Enforcement Agency Validation
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Comments & Notes

Comments / Notes / Additional Information:

**DO NOT WRITE IN THE FOLLOWING SECTION**

Date Received:	Approved by:	Date Approved:	Entered by:	Date Entered:
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