

NEW MEXICO STATE JUDICIARY

TELEPHONE THREAT FORM

A threat is a statement of intention to do physical harm to you or a co-worker.
(Keep this form next to your telephone)

REPORT CALL IMMEDIATELY TO:

Please submit this form to your court administrator or chief clerk within 24 hours of any threat received by telephone.

Your Court Administrator or Chief Clerk should then fax this form WITH A SECURITY

INCIDENT REPORT TO:

Administrative Office of the Courts
Fax: 505-827-4824 Phone: 505-827-4800

Caller's Voice: (Check all that apply)

<input type="checkbox"/> Calm	<input type="checkbox"/> Laughter	<input type="checkbox"/> Lisp
<input type="checkbox"/> Angry	<input type="checkbox"/> Crying	<input type="checkbox"/> Raspy
<input type="checkbox"/> Excited	<input type="checkbox"/> Normal	<input type="checkbox"/> Deep
<input type="checkbox"/> Slow	<input type="checkbox"/> Distinct	<input type="checkbox"/> Ragged
<input type="checkbox"/> Rapid	<input type="checkbox"/> Slurred	<input type="checkbox"/> Clear Throat
<input type="checkbox"/> Soft	<input type="checkbox"/> Nasal	<input type="checkbox"/> Deep Breathing
<input type="checkbox"/> Loud	<input type="checkbox"/> Stutter	<input type="checkbox"/> Cracking Voice
<input type="checkbox"/> Disguised	<input type="checkbox"/> Accent	<input type="checkbox"/> Familiar
<input type="checkbox"/> Whispered	<input type="checkbox"/> Other (Please describe) _____	

For BOMB THREATS:

Questions to Ask:

1. When is the bomb going to explode?
2. Where is it right now?
3. What does it look like?
4. What kind of bomb is it?
5. What will cause it to explode?
6. Did you place the bomb?
7. Why did you place the bomb?

For ALL TELEPHONE THREATS (Including Bomb Threats):

Questions to Ask:

1. What is your address?

2. What is your name?

3. What is your phone number? (Check phone I.D.)

Record of the Threat:

1. Who is being threatened? _____
2. Exact words used:

Caller Identification:

Male Female Ethnicity: _____
Age: _____ Length of Call: _____
Number at Which Call Was Received: _____
Time of Call: _____ Date of Call: _____

If voice is familiar, who did it sound like?

Speech Characteristics: (Check all that apply)

Well Spoken Foul Incoherent Profanity
 Message read by threat maker Irrational
Other Remarks: _____

Background Sounds: (Check all that apply)

Street Noises Factory Machinery Dishes
 Voices Animal Noises P.A. System
 Clear Music Static
 House Noises Local Call Long Dist.
 Office Machinery Phone Booth
 Other: _____

Person(s) Completing this Report:

Name: _____
Title/Position: _____
Name: _____
Title/Position: _____
Name: _____
Title/Position: _____

Court: _____
Address: _____
Phone Number: _____
Date Report Sent to AOC: _____

IMPORTANT TELEPHONE NUMBERS

Security Officers: _____

Police: _____

Sheriff: _____

Fire Department: _____

Emergency Medical Technicians: _____

CPR Trained Persons: _____

First Aid Trained Persons: _____