

Goochland County Sheriff's Office



Handle with Care Application

Please complete this form for each member of your household that requires any special accommodations and return it to the Goochland County Sheriff's Office by email at gcsocommunity@goochlandva.us or by mail at the address below.

Handle with Care
c/o GCSO
P.O. Box 29
Goochland, VA 23063

Section1: Client Information

First Name: _____ Last Name: _____

Age: _____ Date of Birth: _____ Email Address: _____

Home Phone: _____ Cell Phone: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____

Gender: _____ Male _____ Female

Special Needs:

Please list any other Physical, Psychological, or Diagnosed Behavioral special needs which shall serve as a reminder to the first responders that needed special consideration or attention may be needed or given to the individual involved in a call for service. (Examples Autism, Dementia, Down Syndrome, Hearing Impaired, Immobility, Speech or language impaired, Etc.)

Section 2: Emergency Contact Information

Contact 1

First Name: _____ Last Name: _____

Age: _____ Date of Birth: _____ Relationship to Client: _____

Email Address: _____ Home Phone: _____

Cell Phone: _____

Gochland County Sheriff's Office

Handle with Care Application



Street Address: _____ Apartment/Unit: _____

City: _____ State: _____ Zip Code: _____

Contact 2

First Name: _____ Last Name: _____

Age: _____ Date of Birth: _____ Relationship to Client: _____

Email Address: _____ Home Phone: _____

Cell Phone: _____

Street Address: _____ Apartment/Unit: _____

City: _____ State: _____ Zip Code: _____

Contact 3

First Name: _____ Last Name: _____

Age: _____ Date of Birth: _____ Relationship to Client: _____

Email Address: _____ Home Phone: _____

Cell Phone: _____

Street Address: _____ Apartment/Unit: _____

City: _____ State: _____ Zip Code: _____

Caregiver

First Name: _____ Last Name: _____

Age: _____ Date of Birth: _____ Relationship to Client: _____

Email Address: _____ Home Phone: _____

Cell Phone: _____

Street Address: _____ Apartment/Unit: _____

City: _____ State: _____ Zip Code: _____

Goochland County Sheriff's Office

Handle with Care Application



Section 3: Vehicle Information

Vehicle 1

Year: _____ Make: _____ Model: _____

Type (Car, Truck, SUV, Motorcycle, Moped): _____ Color(s): _____

Noticeable Damage: _____

License Plate: _____ License Plate State: _____

Additional Information: _____

Vehicle 2

Year: _____ Make: _____ Model: _____

Type (Car, Truck, SUV, Motorcycle, Moped): _____ Color(s): _____

Color(s): _____

Noticeable Damage: _____

License Plate: _____ License Plate State: _____

Additional Information: _____

Vehicle 3

Year: _____ Make: _____ Model: _____

Type (Car, Truck, SUV, Motorcycle, Moped): _____ Color(s): _____

Noticeable Damage: _____

License Plate: _____ License Plate State: _____

Additional Information: _____

Please allow three business days for contact by Sheriff's Office personnel. All information received on this form will be kept private and not for public use. If you have any questions, please call the Sheriff's Office at 804-556-5349.