



Louisiana Court Security Incident Report

Judicial Administrator's Office

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New Orleans, LA 70130-8101

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Please submit this form at the end of the month in which the incident occurred.

This form is for administrative purposes only. If law enforcement attention is needed, contact the local police or sheriff's department.

1. Information of Person Completing Form:

Last		First	Area Code and Phone
Title		Email	

2. Type of Court:

- Appellate District City/Parish
 Not related to a particular court type

Name of Court or Courthouse/Court Building: _____

3. Parish: _____

4. Incident Date: _____ Time: _____ AM PM

5. Type of Incident:

- Physical assault Disorderly behavior
 Bomb threat Hostage situation
 Threat
Type of threat: Verbal Written
 Judge, judicial officer, or court staff
 Attorneys, witnesses, or jurors
 Other: _____
- Prisoner escape attempt
 Attempt to bring a weapon into the courtroom or court building
 Other: _____

9. Who was the perpetrator in the incident:

- Name: _____
- Criminal defendant/juvenile respondent
 Plaintiff/non-criminal defendant/respondent/petitioner
 Family member/friend of party in the case
 Member of public (unknown relation to any case)
 Other: _____
- Was this individual charged as result of the incident?
 No Yes Pending

6. Location of Incident:

- Courtroom of: Judge
 Other judicial officer (associate judge, magistrate, etc.)
 Chambers of: Judge
 Other judicial officer (associate judge, magistrate, etc.)
 Staff offices of: Judge
 Other judicial officer (associate judge, magistrate, etc.)
 Clerk's office
 Holding area
 Parking lot
 Public area of courthouse/court building (lobby, hallway, etc.)
 Other: _____

10. Was the incident reported to law enforcement?

- No
 Yes, name of agency: _____

11. Was this incident related to a particular case within the court?

- Criminal Civil Mental Health Not related to a particular case
 Family Probate Juvenile
- Case Number: _____
Style: _____

12. Description of incident:

7. Was a weapon involved?

- No Yes, identify all weapons involved:
 Gun Knife Blunt object
 Other: _____

8. Was anyone injured?

- No Yes, type of injury: _____
If yes, was medical attention rendered? No Yes