State of Nebraska ☐ **District** ☐ **County** ☐ **Juvenile**

COUNTY	JUDICIAL DISTRICT

COURT SECURITY INCIDENT REPORTING FORM

Judge Name: _____

Time and Date of Incident _____(a.m.)(p.m.) _____, 20___.

Location: _____

A.	Was there a weapon involved?	___ Yes	___ No
B.	Were any threats made?	___ Yes	___ No
C.	Was anyone in fear of being harmed?	___ Yes	___ No
D.	Was an assault committed?	___ Yes	___ No
E.	Was anyone injured?	___ Yes	___ No
F.	Was law enforcement notified?	___ Yes	___ No
G.	Were any hostages involved?	___ Yes	___ No
H.	Were any arrests made?	___ Yes	___ No

Statement of Facts: (Please explain any "yes" answers. Attach additional sheets if necessary.)

_____

_____

_____

_____

_____

Persons Involved in the Incident: _____

Witnesses to the Incident: _____

_____

Name of Sheriff Involved (if any): _____(attach report)

Attorney General's Office Attorney (if any): _____(attach report)

_____
Name of Person Preparing Report

_____
Title

Send this form to:

Judicial Security Incident Reporting
Nebraska Supreme Court
P.O. Box 98910
Lincoln, NE 68502

(8-2005)