

# 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:

The Administrative Office of the Courts, Court Security Manager, your Court Executive Officer, and Court Manager.

Please email this form to your Court Executive Officer, Court Manager, and the AOC Court Security Manager within 24 hours of any threat received by telephone.

**Administrative Office of the Courts Security Manager**  
Phone: (505)819-7296  
Email: [courtsecuritymanager-grp@nmcourts.gov](mailto:courtsecuritymanager-grp@nmcourts.gov)

### 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) _____ |   |

If voice is familiar, who did it sound like?

\_\_\_\_\_

\_\_\_\_\_

### For BOMB THREATS:

#### Questions to Ask:

- When will the bomb explode?
- Where is the bomb?
- What does the bomb look like, or what is the bomb placed in?
- Did you place the bomb?
- Why did you place the bomb?
- What will cause the bomb to explode?

#### Speech Characteristics: (Check all that apply)

- |   |                               |                                     |                                    |
|---|-------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Well Spoken                  | <input type="checkbox"/> Foul | <input type="checkbox"/> Incoherent | <input type="checkbox"/> Profanity |
| <input type="checkbox"/> Message read by threat maker |                               |                                     |                                    |
| <input type="checkbox"/> Irrational                   |                               |                                     |                                    |

Other Remarks: \_\_\_\_\_

\_\_\_\_\_

#### Background Sounds: (Check all that apply)

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Street Noises    | <input type="checkbox"/> Factory Machinery | <input type="checkbox"/> Dishes      |
| <input type="checkbox"/> Voices           | <input type="checkbox"/> Animal Noises     | <input type="checkbox"/> P.A. System |
| <input type="checkbox"/> Clear            | <input type="checkbox"/> Music             | <input type="checkbox"/> Static      |
| <input type="checkbox"/> House Noises     | <input type="checkbox"/> Local Call        | <input type="checkbox"/> Long Dist.  |
| <input type="checkbox"/> Office Machinery | <input type="checkbox"/> Phone Booth       |                                      |
| <input type="checkbox"/> Other: _____     |  |                                      |

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### For ALL TELEPHONE THREATS

#### (Including Bomb Threats):

#### Questions to Ask:

- What is your address?  
\_\_\_\_\_
- What is your name?  
\_\_\_\_\_
- What is your phone number? (Check phone I.D.)  
\_\_\_\_\_

#### Record of the Threat:

- Who is being threatened? \_\_\_\_\_
- Exact words used:  
\_\_\_\_\_  
\_\_\_\_\_

#### Caller Identification:

Male  Female  Ethnicity: \_\_\_\_\_

Age: \_\_\_\_\_ Length of Call: \_\_\_\_\_  
Number at Which Call Was Received: \_\_\_\_\_  
Time of Call: \_\_\_\_\_ Date of Call: \_\_\_\_\_

#### Person(s) Completing this Report:

Name: \_\_\_\_\_  
Title/Position: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title/Position: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title/Position: \_\_\_\_\_  
Court: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
Date Report Sent to AOC: \_\_\_\_\_