



MISSING CHILD/RUNAWAY REPORT

Dear Parent/Guardian:

Thank you for your interest in National Missing Children's Locate Center, Inc. We hope we can be of assistance to you in your efforts to locate your missing child. We certainly understand that it is a most difficult time.

In order for us to help you in your search for your missing child, we require the following information be returned to us in a timely manner.

Please initial and return this form with the following:

_____ All eight (8) pages of packet filled out to the best of my knowledge.

_____ A copy of the most current and valid court-approved custody order granting you legal custody/guardianship, if applicable.

_____ Copies of police reports made or warrants issued, when available.

_____ Recent photographs of each missing child. Please send a clear and recent photograph as soon as possible.

_____ I agree to notify this organization immediately of any new changes in my home and/or work addresses and telephone numbers.

_____ I agree to notify this organization immediately of any new development or if my child is located or recovered.

As soon as we receive the needed paperwork, we can proceed in our efforts to assist you in the location and recovery of your child. Remember that time is of the essence. Please return the needed paperwork as soon as possible. **Please keep a copy of this report for your records.**

Sincerely,

National Missing Children's Locate Center

FOR OFFICE USE ONLY

Date: _____

Case No. _____

The following questionnaire must be completed and be accompanied by a copy of the most recent court order(s) that relates to child custody. Please attach a recent photograph of the child(ren) and the abducting parent, as well as a copy of any pertinent police report(s). **Please be complete and use as much detail as you can.**

DO YOU HAVE LEGAL (COURT GRANTED) CUSTODY? YES NO

INFORMATION REGARDING CUSTODIAL PARENT

Full name _____
Last First Middle Maiden/Alias

Home Address _____
City State Zip Code

Home Phone _____ Message Phone _____

Business Name/Address _____

Business Phone: _____ Business Hrs. _____

Occupation: _____

DOB _____ Social Security No. _____

Driver's License No.: _____ State: _____

Relationship to Child: _____ Relationship to abductor: _____

Date of child(ren)'s disappearance:

Child(ren) are Missing From:

INFORMATION REGARDING CHILD(REN)

Full Name: _____
First Middle Last Nickname/alias

Social Security # _____ DOB: _____ Age: _____

Describe how child disappeared: _____

What circumstances accrued prior to the child's disappearance? _____

Where might the child go? _____

Race/Nationality: _____ Height: _____ Weight: _____

Eye color: _____ Hair color (description): _____

Does child smoke? Yes No Brand: _____

Number of holes in each ear: Left _____ Right _____

Scars/Marks/Tattoos/Other: _____

Describe clothes and any personal belongings child may have taken with them: _____

- ◆ Use extra pages if necessary.
- ◆ If there is a suspect involved please use a separate page for suspect information.

Medical/Mental conditions or disabilities: _____

Special medications or drugs: _____

Therapist/Counselor (name, address, phone #) _____

School last attended (name, address, phone #) _____

Child's hobbies or interests: _____

Does child have a passport? Yes NO

Date issued: _____ Date expires: _____ Number: _____

If child has ever been missing before, explain: _____

List five (5) of your child's closest friends, teachers, or relatives in order of emotional closeness:

Name	Address	Phone Number	Relationship

Do you think your child ranaway? Yes NO Why? _____

Did your child runaway with anyone else? Yes NO If yes, whom? _____

Will you have their families contact us (if their child(ren) are Missing juveniles? Yes No

Does the child have access to any monies? Yes No Explain: _____

Was child employed? Yes NO

Employer (name, address, phone #) _____

Does your child have a driver's license? Yes No Permit? Yes No

Driver's License Number _____ Expires: _____

Is there a vehicle involved? Yes No Make: _____ Model: _____

Color: _____ License plate Number: _____

Any unique characteristics about the vehicle? Yes No Explain: _____

Where did the child hangout? _____

Give names and address of people child knew there: _____

List places child lived in the past (include dates): _____

Explain any notes, letters (attach copies) phone calls from child or friends regarding disappearance:

Explain any drug/alcohol usage: _____

Is your child involved in a cult? Yes No If yes, explain: _____

List rock groups followed: _____

Does child have a boyfriend/girlfriend? Yes No

If yes, Name: _____

DOB: _____ Social Security # _____

Height: _____ Weight: _____ Eyes: _____ Race: _____

Hair (description): _____

Address: _____ Phone # _____

Parents Names: _____

Scars/Tattoos/Marks/Other: _____

Drivers License Number _____ License Plate: _____

Description of vehicle: _____

Hobbies and hangouts: _____

INVESTIGATION INFORMATION

Was a Missing Person report filed with police? Yes No

If yes, when? _____ Where? _____

Police Agency: _____

Investigator's name: _____ Phone # _____

Case # _____

Is the FBI involved? Yes NO

Name of FBI agent: _____ Phone # _____

Is your child listed in the National Computer Information Center (NCIC)? Yes No

NCIC # _____ Current Case Investigator: _____

List other individuals or agencies searching for your child: _____



RELEASE FORM

I/We _____, also known as parents/guardians

Of _____, authorize the above named agency and its

authorized agents to assist in the search for my/our missing child(ren).

My/Our signature(s) affixed hereto indicate my/our consent for the above agency to begin such search and to continue to its natural conclusion.

Consent is hereby granted to National Missing Children's Locate Center, Inc., to use photographs of my/our child(ren) along with details concerning the disappearance and search for the child(ren).

National Missing Children's Locate Center, Inc. may use such photos and information on local and national television, newspapers, flyers, posters, magazines or any other distribution source.

Further, I/we consent to the investigation and confirmation by the above agency of any and all information I/we have given or will give to assist in the search for my/our child(ren). I/we understand and agree that NMCLC is under no obligation to continue assisting in this search, if I/we have not given complete or accurate information or have failed to divulge all information within my/our knowledge or have failed to use my/our best efforts in this search.

By signing this agreement, I/we agree to release, indemnify, and hold harmless the above agency, it's directors', officers, employees, volunteers and authorized agents from any and all liability, claims and causes of action which may result or arise from the release of details concerning the disappearance of the child(ren).

I/we understand that the registration of my/our child(ren) in no way guarantees the location of my/our child(ren). We agree to contact the above agency within ten (10) days of the location of my/our child(ren) and I/we will not hold NMCLC or its agents liable for the dissemination of the photographs, or responsible for showing the photographs for a period of ninety (90) days after I/we notify NMCLC of the location/recovery.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



NOTICE

NMCLC has given permission to the searching parent to use our 800 phone number (800)999-7846 on their personal posters. They are responsible for printing and posting of the MISSING poster.

Custodial Parent

Date

Officer of NMCLC

Date