

Family Abduction Intake Report

Complete the form, save it on your PC and then attach it to an email and send to: missingpersons@dcjs.ny.gov or fax to 518-457-6965.

Person Completing Form: Last Name First Name Relationship
Phone E-mail Agency (if applicable)

Legal Guardian Information:

Last Name First Name Relationship
Street Address City
State/Zip Code County/Country Home Phone
Work Phone Cell Phone E-mail

Missing Child Information:

Last Name First Name MI: DOB
Sex Race Height (ft.) (in.) Wgt. (lbs.) Hair Color Eye Color
Place of Birth City State Mother's Maiden Name (First, Last)
School Attended Grade Scars, Tattoos, Piercings
Cell Phone E-mail Social Media
Medical, Mental Health Problems/Medications
Regional or foreign accent or language other than English

Abductor Information:

Is the abductor prone to violence against the child(ren)? Yes No Other adults? Yes No

Last Name First Name Middle Name
Street Address City State/Zip Code
County/Country Alias/Nickname DOB
Sex Race Height (ft.) (in.) Wgt. (lbs.) Hair Color Eye Color
Age Social Security # Occupation
Employer Home Phone Work Phone
Cell Phone E-mail Social Media
Scars, Tattoos, Piercings Medical, Mental Health Problems/Medications
Location Last Seen Date Time AM PM

Circumstances which occurred prior to and at the time of disappearance. If known, include the motivation for the abduction (i.e., on-going or pending custody dispute.)

Has the abductor ever indicated that he or she would take the child? Yes No Has he or she done so before? Yes No

If yes, provide details (i.e., when, where, length of time missing, location while missing)

Specify places where the abducting family member lived in the past or expressed in interest in visiting or living (i.e., name of municipality, state and street address.)

Do you believe that any family members, friends or others could be providing aid to the abducting family member? Yes No

Identify possibilities by name and location

Is it believed that others (i.e., new spouse or step-children) may be with the abductor and missing child? Yes No

If yes, identify all by name and provide as much information as possible (i.e., ages, physical descriptions, occupations)

Abductor's general interest

Regional or foreign accent or language other than English

Educational level of the abductor. If known, include the names and addresses of schools/colleges attended

Skills, hobbies or general interests that the abductor may have (i.e., computer training, hunting, fishing, sports)

Abductor's prior encounters with law enforcement and the courts (circumstances, locations and approximate dates)

Abductor's financial resources and methods of payments (i.e., cash, credit cards, checks, loans.) Include the names and locations of any financial institutions (i.e., banks, credit card companies) that he or she used prior to the disappearance.

Legal Information:

Arrest Warrant Issued For

Charge(s)

Court Name

Docket #

Custody Decree Yes No

Court Name

Docket #

Investigating Law Enforcement Agency Information:

Investigating Police Agency

Investigating Officer's Name

E-mail

Telephone

Cell Phone

Cell Phone

Agency Case #

Report Date

Other:

Additional Narrative Information:

The undersigned parent/guardian or spouse (if married student) of hereby requests the information pertinent to the disappearance of (Print Name of Child/Student) the above named child/college student and deemed appropriate for release by the law enforcement agency responsible for the investigation of the said disappearance be published and/or circulated by any method subscribed to by the New York State Division of Criminal Justice Services (DCJS), including the use of photographs. I understand this information will be made available to the public, media, other law enforcement agencies, hospitals, social service agencies, shelters, medical examiners and/or other agencies or organizations involved with missing persons. I understand and agree that any or all information supplied by me shall be truthful and I agree to hold harmless any agency or department using, transmitting, or distributing this information for errors or omissions or commissions occasioned by information I supply. I further agree that a photocopy of this authorization shall have the same effect as the original. If available, DCJS can store and upload his/her fingerprints to the Statewide Automated Fingerprint Identification System to assist with developing lead information.

I authorize do not authorize Parent/Guardian Signature

NYS Division of Criminal Justice Service - Missing Persons Clearinghouse

80 South Swan Street, Albany, NY 12210

1-800-346-3543

518-457-6965 FAX

missingpersons@dcjs.ny.gov

www.criminaljustice.ny.gov