



Runaway 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.

Parent or Guardian Information

Last Name First Name Relationship

Street Address City

State/Zip Code County/Country Home Phone

Work Phone Cell Phone Email

Missing Child Information

Last Name First Name MI: DOB

Mother's Maiden Name Fingerprints Available Cell Phone

Email Social Media

Where Last Seen Date Time

Circumstances which occurred prior to and at the time disappearance. If known, include the motivation for running away.

Has the child ever indicated that he or she would run away? Yes No Has he or she ever ran away before? Yes No

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

Places where the child lived in the past (e.g., name of municipality, state and street address.)

Places (e.g., states, cities) that the child has expressed and interest in visiting or living.

Do you believe that there is any possibility that any family members, friends or others are providing aid to the runaway(s)? Yes No

Identify possibilities by name and location.

If applicable, type of employment last held by the child and the employer's name and address.

Child's prior encounters with law enforcement and the courts. Describe circumstances, locations and approximate dates.

Drug, alcohol or other chemical dependencies the child may have.

Child's general interests (i.e., in or outside of school, sports, online, etc)

Medical Problems/
Medications Utilized

Describe the child's personality (i.e., friendly, outgoing, withdrawn, shy.)

Regional or foreign accent or language other than English

Child's strengths and weaknesses (e.g., punctual/tardy, enthusiastic/indifferent)

Relationship between the child's parents (e.g., adversarial/amicable/violent)

Was there an on-going or pending custody dispute? Yes No If yes, provide details.

Companion Information

Last Name First Name MI: DOB

Street Address City

State/Zip Code County/Country Sex Alias/Nickname

Race Height Weight Eyes Hair

Social Security # Occupation Employer

Physical Characteristics (Scars/Marks/Tattoo/Piercings/Dentals) Miscellaneous (i.e., physical or mental)

Home Phone Work Phone Cell Phone

Email Social Media

Where Last Seen Date Time

Investigating Law Enforcement Agency Information

Investigating Police Agency Agency Address

Investigating Officer's Name Telephone Fax

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

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

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