



Missing Vulnerable Adult 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.

Caregiver Information	<input type="checkbox"/> Daughter	<input type="checkbox"/> Son	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Other	Specify <input type="text"/>
Last Name	<input type="text"/>		First Name	<input type="text"/>		
Street Address	<input type="text"/>				City	<input type="text"/>
State/Zip Code	<input type="text"/>	County/Country	<input type="text"/>		Home Phone	<input type="text"/>
Work Phone	<input type="text"/>	Cell Phone	<input type="text"/>		Email	<input type="text"/>

Missing Adult Information	<input type="checkbox"/> Female	<input type="checkbox"/> Male					
Last Name	<input type="text"/>	First Name	<input type="text"/>	MI:	<input type="text"/>	DOB	<input type="text"/>
Street Address	<input type="text"/>			City	<input type="text"/>		
State/Zip Code	<input type="text"/>	County/Country	<input type="text"/>	Home Phone	<input type="text"/>		
Work Phone	<input type="text"/>	Cell Phone	<input type="text"/>	Maiden Name	<input type="text"/>		

Cognitive Impairment	<input type="checkbox"/> Alzheimer's Disease	<input type="checkbox"/> Autism	<input type="checkbox"/> Bipolar Disorder	<input type="checkbox"/> Brain Disorder	<input type="checkbox"/> Dementia		
<input type="checkbox"/> Down Syndrome	<input type="checkbox"/> Mental Disability	<input type="checkbox"/> Schizophrenia	<input type="checkbox"/> Other	Specify <input type="text"/>			
Alias/Nickname:	<input type="text"/>	Place of Birth	<input type="text"/>	Social Security #	<input type="text"/>		
Email	<input type="text"/>		Social Media	<input type="text"/>			
Where Last Seen	<input type="text"/>			Date	<input type="text"/>	Time	<input type="text"/>

Employment Information	<input type="checkbox"/> Previous	<input type="checkbox"/> Current				
Employer	<input type="text"/>		Employer Address	<input type="text"/>		
Employer Phone	<input type="text"/>	Occupation	<input type="text"/>			

Investigating Law Enforcement Agency Information							
Investigating Police Agency	<input type="text"/>		Agency Address	<input type="text"/>			
Investigating Officer's Name	<input type="text"/>		Telephone	<input type="text"/>	Fax	<input type="text"/>	
Cell Phone	<input type="text"/>	Agency Case #	<input type="text"/>	Report Date	<input type="text"/>	Other:	<input type="text"/>

Other Information	
Circumstances which occurred prior to and at the time of the disappearance. If known, include the motivation for wandering away (cognitive impairment)	<input type="text"/>
Has the adult ever wandered away before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, please provide details (when, where, length of time missing, location found)	<input type="text"/>

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

Place (e.g., states, cities) that the adult has expressed an interest in visiting or living

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

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

Drug, alcohol or other chemical dependencies

Interests (associations, clubs etc)

Personality, also history of suicidal or aggressive behavior

Regional or foreign accent or language other than English

Additional Narrative Information

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