

MISSING PERSON LEAD/TIP FORM

NOTE: If you are using web-based email (ex: hotmail, gmail, yahoo etc.) you cannot use the **"Submit by Email"** button. Instead fill out the form and save it, then attach it to an email to: missingpersons@dcjs.ny.gov. or fax to 518-457-6965.

Date Submitted	NCMEC case #	
SUBMITTER INFORMATION		
Name		
Street Address	City	
State/Zip Code	Home Phone #	
Work Phone #	Cell Phone #	
Referred by		
Why do you suspect that the person is missing?		
Do you know where the person is missing from?	Where	
Did you report information to any other agency?	Date	
Agency/Contact Name		
If a playing Card Program Lead and You Are Incarcerated-Correctional Facility Name		
MISSING PERSON/HOMICIDE VICTIM INFORMATION		
Name (If known)	Sex	
Race Approximate Age/DOB	Height	
Weight Hair	Eyes	
Unique Identifiers		
Clothing Description		
Location where seen	Date Time	
If Deceased Person, Location of Remains		

COMPANION INFORMATION			
Was the person alone If "NO" provide the following descriptive	information about companion:		
Name (if known) Sex	Race		
Age Height Weight Hair	Eyes		
Unique Identifiers			
Clothing Description			
VEHICLE INFORMATION			
Was there a vehicle involved? If "Yes", provide the following des	criptive information		
Vehicle Make Model Approximate	Year Color		
Registration (License Plate) # Registration (License Plate) State			
Unique Identifiers			
ADDITIONAL BACKGROUND INFORMATION			
FOR DCJS USE ONLY-REFERRALS/ACTION TAKEN			

NYS Division of Criminal Justice Services
Missing Persons Clearinghouse
80 South Swan Street
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1-800-FIND-KID (346-3543)
518-457-6965 FAX
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www.missingpersons.ny.gov

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