



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.

Person Completing Form:

Last Name First Name Relationship

Phone E-mail Agency (if applicable)

Legal Guardian of Child:

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 Hgt. 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

Suicidal/Suicidal Ideation Yes No Is there concern the child may be targeted or be sexually exploited while missing? Yes No

Last Known Address Street City State Zip Code

Last Seen At: (Location) Date of Last Contact Time

Social Security # Fingerprints Available Does child have access to money or credit cards? Yes No

Clothing Description:

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

Has child ever indicated the he or she would run away? Yes No Has he or she ever run 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 & 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. Medical, Mental Health Problems/Medications

Does child speak a regional or foreign accent or language other than English?

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

Was there an ongoing 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 Alias/Nickname

Sex Race Hgt. Ft. In. Wgt. lbs. Hair Color Eye Color

Social Security # Occupation Employer

Scars, Tattoos, Piercings Medical, Mental Health Problems/Medications

Home Phone Work Phone Cell Phone

E-mail Social Media

Last Seen At (Location) Date Time

Investigating Law Enforcement Agency Information:

Investigating Police Agency Investigating Officer's Name

E-mail Telephone 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

Parent/Guardian Signature