Family Abduction Addendum

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.

Missing Child:				
Last Name MI: Age DOB				
Abductor Information:				
Last Name MI: Alias/Nickname				
Street Address City Zip Code				
Cell Phone Cell Phone Provider Home Phone Work Phone				
E-mail Employer Occupation				
Social Media: Include sites, user names and URL				
Age DOB Sex Race Hair Color				
Eye Color Height (ft.) (in.) Wgt. (lbs.) Social Security #				
Scars, Tattoos, Piercings				
Medical, Mental Health Problems/Medications				
Location Last Seen Date Time AM PM				
Vehicle Information Year Make Model Plate Style				
Color Identifying features (damage, bumper sticker, etc.)				
Is the abductor prone to violence against the child(ren)?				
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., address, city, state):				
Do you believe that any family members, friends or others could be providing aid to the abducting family member? Yes No				
If yes, identify possibilities by name and location				

Is it believed that others (i.e., new spo	ouse or step-children) may be with the ab	oductor and missing child? Yes	□No
If yes, identify all by name and provid	e as much information as possible (i.e., a	ages, physical descriptions, occupati	ons):
Abductor's general interest, skills, hob	obies, clubs or associations:		
Regional, foreign accent or language	other than English:		
Educational level of the abductor. If k	known, include the names and addresses	of schools/colleges attended:	
Abductor's prior encounters with law	enforcement and the courts (circumstanc	es, locations and approximate dates	·):
	ethods of payments (i.e., cash, credit car t card companies) that he or she used pr		es and locations of any
Legal Information: Arres	t Warrant Issued For	Charge(s)	
Court Name		Dock	et#
Custody Decree Yes No	Court Name	Dock	et#
Additional Narrative Information:			
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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

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