

**Missing  
Person's  
Clearinghouse  
Forms**



**MISSING CHILD NOTIFICATION  
BIRTH CERTIFICATE FLAG REQUEST FORM**  
New Mexico Vital Records and Health Statistics  
FAX (505) 827-1751

New Mexico Vital Records and Health Statistics  
Post Office Box 26110  
Santa Fe, NM 87502

Dear State Registrar:

This report is being sent to you in accordance with the New Mexico Missing Child Reporting Act, [Section 32A-14-2 NMSA 1978]. The act states that a law enforcement agency shall notify the State Registrar, **within 24-hours (by FAX)** of a reported missing child.

Upon Receipt of this notice, the State Registrar shall flag the missing child's birth certificate if the child was born in the State of New Mexico.

In accordance with statute, the **complete** missing child's birth information is provided:

<b>Name of Child:</b>	<i>First</i>	<i>Middle</i>	<i>Last Name</i>
<b>Child's Date of Birth:</b>	<i>Month/Day/Year</i>	<b>Place of Birth:</b>	<i>City, County,</i>
<b>Birth Name of Mother:</b>	<i>First</i>	<i>Middle</i>	<i>Maiden Last Name</i>
<b>Name of Father or Non-Custodial Parent:</b>	<i>First</i>	<i>Middle</i>	<i>Last Name</i>

**NOTE: (If mother is unmarried, also provide the name of the Non-Custodial parent):**

**REPORTING LAW ENFORCEMENT AGENCY:**

Date of Notice: \_\_\_\_\_ Case Number: \_\_\_\_\_  
 Law Enforcement Agency: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Contact Person and Title: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_

For New Mexico Vital Records and Health Statistics Use Only	
Date Flagged: _____	File Number: _____

**LOCATED MISSING CHILD NOTIFICATION  
BIRTH CERTIFICATE FLAG CANCELATION REQUEST FORM**  
New Mexico Vital Records and Health Statistics  
FAX (505) 827-1751

New Mexico Vital Records and Health Statistics  
Post Office Box 26110  
Santa Fe, NM 87502

Dear State Registrar:

This report is being sent to you in accordance with the New Mexico Missing Child Reporting Act, [Section 32A-14-2 NMSA 1978]. The act states that a law enforcement agency shall notify the State Registrar, **within 24-hours (by FAX)** when a missing child has been located.

Upon Receipt of this notice, the State Registrar shall un-flag the missing child's birth certificate if the child was born in the State of New Mexico.

In accordance with statute, the **complete** missing child's birth information is provided:

<b>Name of Child:</b>	<i>First</i>	<i>Middle</i>	<i>Last Name</i>
<b>Child's Date of Birth:</b>	<i>Month/Day/Year</i>	<b>Place of Birth:</b>	<i>City, County, State</i>
<b>Birth Name of Mother:</b>	<i>First</i>	<i>Middle</i>	<i>Maiden Last Name</i>
<b>Name of Father or Non-Custodial Parent:</b>	<i>First</i>	<i>Middle</i>	<i>Last Name</i>

**NOTE: (If mother is unmarried, also provide the name of the Non-Custodial parent):**

**REPORTING LAW ENFORCEMENT AGENCY:**

Date of Notice: \_\_\_\_\_ Case Number: \_\_\_\_\_  
 Law Enforcement Agency: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Contact Person and Title: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_

For New Mexico Vital Records and Health Statistics Use Only	
Date Flagged: _____	File Number: _____



DEPARTMENT OF PUBLIC SAFETY

Dental Records Release Form



Authorization for Disclosure of Dental Record Information for a Missing Person

IN THE MATTER OF:

Name

Date of Birth

Social Security Number

I certify that a missing person report has been made in compliance with the provisions of the Missing Persons Information Act [29-15-1 NMSA 1978].

Signature of Law Enforcement Officer

Printed Name, Rank, Agency

To: Dental Practitioner/Clinic

You are hereby requested pursuant to the Laws of the State of New Mexico, [29-15-8 NMSA 1978]1 to produce all dental records of the above named missing person. Please include all original dental x-rays, dental chartings, periodontal chartings, treatment notes, treatment plans, photographs, and study models. Please release these records to the investigating law enforcement agency. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) also includes an exemption for law enforcement and medical examiners.2

All original records will be returned to your office once the investigation has been completed. Thank you for your assistance.

Signature (Custodian or Immediate Family Member)

Printed Name

Date





## DEPARTMENT OF PUBLIC SAFETY



### Dental Records Release Form

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<sup>1</sup> **Statutory Chapter in New Mexico Statutes Annotated 1978**

**29-15-8. Release of dental records; immunity.**

A. At the time a missing person report is made, the law enforcement agency to which the missing person report is given shall provide a dental record release form to the custodian or immediate family member of the missing person. The law enforcement agency shall endorse the dental record release form with a notation that a missing person report has been made in compliance with the provisions of the Missing Persons Information Act [29-15-1 NMSA 1978]. When the dental record release form is properly completed by the custodian or immediate family member of the missing person and contains the endorsement, the form is sufficient to permit a dentist or physician in this state to release dental records relating to the missing person to the law enforcement agency.

B. A district court judge may for good cause shown authorize the release of dental records of a missing person to a law enforcement agency.

C. A dentist or physician who releases dental records to a person presenting a proper release executed or ordered pursuant to this section is immune from civil liability or criminal prosecution for the release of the dental records.

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2

**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)**

104th Congress

PUBLIC LAW 104-191

Code of Federal Regulations 45

Subpart C - Compliance and Enforcement

§164.512 Uses and disclosures for which consent, an authorization, or opportunity to agree or object is **not** required.

45 CFR 164.512 (g) HIPAA Exception for Law Enforcement

(f) Standard: Disclosures for law enforcement purposes.

(3) A covered entity may disclose protected health information in response to a law enforcement official's request for such information about an individual who is or is suspected to be a victim of a crime.

45 CFR 164.512(g) HIPAA Exemption for Medical Examiners and Coroners

(g) Standard: Uses and disclosures about decedents.

(1) Coroners and medical examiners. A covered entity may disclose protected health information to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law.

**Header Information**

\* Message Key  ORI  Control Field

**Incident Information**

\* Last Contact Date \* Agency Case # \* Missing Person MP Circumstances Notify Agency  
      N = No

**Personal Information**

\* Name \* Sex \* Race \* Places of Birth

Date of Birth \* Height \* Weight \* Eye Color \* Hair Color \* Ethnicity

Skin Tone Scars, Marks, Tattoos Fingerprint Classification Miscellaneous #

Social Security # DNA DNA Location Cautions/Medical Condition Citizenship

Body X-rays Circumcision CV Prescription Blood Type Footprint

**Operator Information**

Operator's License # Operator's License State Expiration Year

**License Information**

License # License State License Year License Type

**Vehicle Information**

VIN # Vehicle Year Vehicle Make Vehicle Model

Vehicle Style Vehicle Color /

**Optional Information**

Linkage Agency ID Linkage Case # Jewelry Description

**Jewelry Type**

Ankle bracelet  Belt buckle  Backpack  Brooch or pin

Cigarette lighter, holder, or case  Comb  Cuff links  Earrings

Key chain  Money clip  Necklace  Pocket knife

Pocket watch chain  Ring  Tie chain, clasp, or tack  Wallet or purse

Watch  Wrist bracelet having pendant



**DEPARTMENT OF PUBLIC SAFETY  
Missing Persons Clearinghouse (MPCH) Report Form**



MPCH Number: \_\_\_\_\_

**Case Agency:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Call Taken By: \_\_\_\_\_

Caller's Name: \_\_\_\_\_  
Last, First, Middle

Relationship to Missing: \_\_\_\_\_

Caller's Address: \_\_\_\_\_  
Number, Street, Apartment Number  
\_\_\_\_\_  
City, State, Zip Code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Missing Category:**     Non-Family Abduction     Parental Abduction     Runaway  
 Adult (18 years old or over)     Other – Explain Below:

NCIC Criteria:     Disability     Endangered     Involuntary     Juvenile  
 Catastrophe Victim     Caution Code

**Missing Person's Name:** \_\_\_\_\_  
Last, First, Middle  
Aliases: \_\_\_\_\_

Date Missing: \_\_\_\_\_ Time: \_\_\_\_\_ Race: \_\_\_\_\_ Sex:  Male     Female

Place of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Hgt: \_\_\_\_\_ Wgt: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Complexion: \_\_\_\_\_

Scar/Marks/Tattoos: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ OLN#: \_\_\_\_\_ OLN State: \_\_\_\_\_ OLN Year: \_\_\_\_\_

Blood Type: \_\_\_\_\_ Fingerprints Available:  Yes     No    Where: \_\_\_\_\_

Distinguishing Features/Unique Characteristics (limp, jewelry, glasses. etc...): \_\_\_\_\_

Dental Records Available?  Yes     No    Medical Records Available?  Yes     No

Mental State (depressed, suicidal, etc...): \_\_\_\_\_

Location Last Seen (include city, state): \_\_\_\_\_  
\_\_\_\_\_





**DEPARTMENT OF PUBLIC SAFETY  
Missing Persons Clearinghouse (MPCH) Report Form**



Possible Destination (city, state): \_\_\_\_\_

Last Seen Wearing: \_\_\_\_\_

Hobbies & Interests: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Vehicle Color: \_\_\_\_\_ Plate Number: \_\_\_\_\_ State: \_\_\_\_\_

**Abductor/Companion's Name:** \_\_\_\_\_  
Last, First, Middle

Aliases: \_\_\_\_\_

Sex:  Male  Female Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Dyed:  Yes  No Length: \_\_\_\_\_ Style: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Glasses/Contacts:  Yes  No Blood Type: \_\_\_\_\_ Right/Left Handed: \_\_\_\_\_

Blood Type: \_\_\_\_\_ Fingerprints Available:  Yes  No Where: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Build: \_\_\_\_\_ Race: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Additional Information: (distinguishing features, jewelry, tattoos, piercings, etc.):

Forward a copy of this report to:

**Department of Public Safety  
Missing Person's Information Clearinghouse  
Law Enforcement Records Bureau  
P.O. Box 1628  
Santa Fe, New Mexico 87504-1628  
1-800-HLP-FIND (457-3463) and/or 505-827-9026  
Fax # 505-827-3399  
Email: [DPS.MissingPerson@state.nm.us](mailto:DPS.MissingPerson@state.nm.us)**





**DEPARTMENT OF PUBLIC SAFETY  
AMBER ALERT REPORT FORM**



AGENCY INFORMATION:						
Officer's Name:			Contact #'s:			
Media Contact & Dept. PIO #'s:		District Office #:				
<b>Check the Appropriate Box</b>					YES	NO
1.	Is the child seventeen (17) years of age or less?				<input type="checkbox"/>	<input type="checkbox"/>
2.	Is there specific information concerning the child and/or abductor and is it available?				<input type="checkbox"/>	<input type="checkbox"/>
3.	Is there evidence and is the child believed to be in imminent danger of serious bodily harm or death?				<input type="checkbox"/>	<input type="checkbox"/>
<b>** DO NOT ACTIVATE IF YOU ANSWERED NO TO ANY OF THE ABOVE QUESTIONS.</b>						
4.	Has the child been entered into NCIC?				<input type="checkbox"/>	<input type="checkbox"/>
<b>Missing Category:</b>						
Non-Family Abduction: <input type="checkbox"/>		Parental Abduction: <input type="checkbox"/>		Other Abduction: <input type="checkbox"/>		
<b>VICTIM INFORMATION:</b>						
<b>Missing Child #1:</b>		Name:		DOB:		
Race:	Sex:	HGT:	WGT:	Eyes:		
Hair color, style, etc.:						
Clothing Description:						
Miscellaneous Information:						
<b>Missing Child #2:</b>		Name:		DOB:		
Race:	Sex:	HGT:	WGT:	Eyes:		
Hair color, style, etc.:						
Clothing Description:						
Miscellaneous Information:						



**DEPARTMENT OF PUBLIC SAFETY  
AMBER ALERT REPORT FORM**



<b>SUSPECT INFORMATION:</b>				
<b>Suspect Data #1</b>	Name:			DOB:
Race:	Sex:	HGT:	WGT:	Eyes:
Hair color, style, etc.:				
Clothing description:				
Miscellaneous Information:				
<b>Suspect Data #2</b>	Name:			DOB:
Race:	Sex:	HGT:	WGT:	Eyes:
Hair color, style, etc.:				
Clothing description:				
Miscellaneous Information:				
<b>Suspect Vehicle Data:</b>				
License Plate Number:			State:	
Color:	Year:	Make:	Model:	
Body Damage or other distinguishing details:				
<b>ABDUCTION:</b>				
City, County Last Seen in:				
Date & Time Last Seen:				
Circumstances:				
<b>Attach Photo: (If Available)</b>				



DEPARTMENT OF PUBLIC SAFETY  
 AMBER ALERT REPORT FORM



**SCRIPT:**

TO BE USED WHEN CALLING IN AN AMBER ALERT TO KKOB:

\_\_\_\_\_

**This is an emergency broadcast:**

At approximately (time) \_\_\_\_\_ AM/PM today, (date) \_\_\_\_\_  
 a man/woman by the name of; \_\_\_\_\_,  
 described as: (*age, ethnicity, descriptors*): \_\_\_\_\_

Abducted a \_\_\_\_\_ year old male  female  child.

This child is described as (victim information):  
 \_\_\_\_\_

The abductor was last seen in the area of \_\_\_\_\_  
 at \_\_\_\_\_ AM/PM and is driving the following vehicle.

**Vehicle Information (if any)**

The vehicle is a (color) \_\_\_\_\_ (year) \_\_\_\_\_ (make) \_\_\_\_\_ (model) \_\_\_\_\_  
 bearing (state) \_\_\_\_\_ (license plate number) \_\_\_\_\_. Additional descriptors for the  
 vehicle include; \_\_\_\_\_.

This is an **ABDUCTION**. Anyone with information should immediately call your local  
 Law Enforcement Agency or ( ) . Thank You.

**Point of Contact Information:**

Agency:	
Name:	
Phone number:	
Fax Number:	
E-mail:	





## DEPARTMENT OF PUBLIC SAFETY

### Amber Alert Checklist



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#### Amber Alert Checklist for Law Enforcement Agencies

- Call is received by a local agency of a possible abduction
- Dispatch gives out alert to all units of a possible abduction. Alert includes all information received from initial call.
- Dispatch assigns units to respond to scene of incident. All available resources should respond immediately and be devoted to the investigation and obtaining facts and developing information.
- Once abduction is verified on scene, the dispatcher should send out a teletype using the Amber Alert form in Messenger.
- Officers on scene should obtain a photo of the child, descriptors of the child, vehicle information, and suspect information. [Refer to NMSP "Attachment A - Amber Alert Form"]
- Immediately notify the local New Mexico State Police (NMSP) dispatch so they can start the Amber Alert notification. If agency has a public information officer (PIO), that officer should coordinate with NMSP PIOs and should begin gathering information to disseminate to the media.
- Dispatch entry should be made into NCIC as "MP Endangered" and setting the "MP Category" as "AA" (Amber Alert) to ensure the National Center for Missing and Exploited Children (NCMEC) is notified (Dispatch should have enough information received on the initial call to enter the missing person into NCIC, as this information should have been obtained on the initial call.). Remember, the NCIC entry as an Amber Alert triggers the NCMEC notification and the teletype notifies all law enforcement agencies.
- Notify the NCMEC Amber Alert Coordinator at 800-843-5678 of the pending Amber Alert.** The NCMEC coordinator will then confirm the information with NMSP in order to issue notification.
- The report, teletype, and NCIC entry will be completed by the local law enforcement agency handling the call (or NMSP, if they are assigned the call). **IN ALL AMBER ALERTS, NMSP IS TO BE NOTIFIED AS QUICKLY AS POSSIBLE.**
- Updates to the teletype should be made by dispatch as often as new information is received or information has changed.



DEPARTMENT OF PUBLIC SAFETY  
SILVER ALERT REPORT FORM



AGENCY INFORMATION:					
Officer's Name:		Contact #'s:			
Media Contact & Dept. PIO #'s:		District Office #:			
Check the Appropriate Box		YES	NO		
1.	Is the individual a <b>MISSING PERSON</b> ?	<input type="checkbox"/>	<input type="checkbox"/>		
2.	Is the individual fifty (50) years or older?	<input type="checkbox"/>	<input type="checkbox"/>		
3.	Is there clear indication that the individual has an irreversible deterioration of intellectual faculties?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>*Do NOT activate if you answered NO to any of the above questions.*</b>					
4.	Has the missing person been entered into NCIC?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>#1- Missing Person Information</b>					
Name:			DOB:		
Race:	Sex:	Height:	Weight:	Eyes:	
Hair color, style, etc:					
Clothing:					
Miscellaneous:					
<b>#2- Missing Person Information</b>					
Name:			DOB:		
Race:	Sex:	Height:	Weight:	Eyes:	
Hair color, style, etc:					
Clothing:					
Miscellaneous:					





**DEPARTMENT OF PUBLIC SAFETY  
SILVER ALERT REPORT FORM**



<b>INFORMATION for Last Person #1 Seen With MISSING:</b>				
Name:				DOB:
Race:	Sex:	Height:	Weight:	Eyes:
Hair color, style, etc:				
Clothing:				
Miscellaneous:				
<b>INFORMATION for Last Person #2 seen with MISSING:</b>				
Name:				DOB:
Race:	Sex:	Height:	Weight:	Eyes:
Hair color, style, etc:				
Clothing:				
Miscellaneous:				
<b>VEHICLE Last Seen in:</b>				
Year:	Make:	Model:		
Color:	License Plate and State:			
Body Damage or other:				
<b>MISSING FROM:</b>				
City or County Last Seen in:				
Date & Time Last Seen:				
Circumstances:				
<b>Attach Photo: (If Available)</b>				





DEPARTMENT OF PUBLIC SAFETY  
SILVER ALERT REPORT FORM



**SCRIPT:**

**TO BE USED WHEN CALLING IN A SILVER ALERT TO KKOB:**

**This is an emergency broadcast:**

At approximately (time), on (date) a man/woman by the name of; (missing person's name) described as: (age, ethnicity, other descriptors/distinguishing features, etc.) has been determined to be missing and meeting the criteria for a BRITTANY Alert.

(missing person's name) was last seen on (date/time) in the area of (city, county, etc.) and has not been able to be contacted.

(missing person's name) is considered to be in danger due to (describe health/mental concerns).

(missing person's name) was last seen click to select.

**Vehicle Information (if any)**

The vehicle is a (color, year, make and model) bearing (registration plate state and number). Additional descriptors for the vehicle include: (distinguishing features such as decals, rims, paint, etc.).

**Companion/s information (if any);**

The companion is a man/woman by the name of; (name) ; described as: (age, ethnicity, descriptors)

This is a **SILVER ALERT**: Anyone with information should immediately call your local Law Enforcement Agency or ( \_\_\_\_\_ ) \_\_\_\_\_. Thank You.

**Point of Contact Information:**

Agency:	
Name:	
Phone number:	
Fax Number:	
E-mail:	



**DEPARTMENT OF PUBLIC SAFETY  
BRITTANY ALERT REPORT FORM**



AGENCY INFORMATION:									
Officer's Name:					Contact #'s:				
Media Contact & Dept. PIO #'s:						District Office #:			
Check the Appropriate Box								YES	NO
1.	Is the individual a <b>MISSING PERSON</b> ?							<input type="checkbox"/>	<input type="checkbox"/>
2.	Is the individual developmentally disabled?							<input type="checkbox"/>	<input type="checkbox"/>
3.	Is the individual's health or safety at risk?							<input type="checkbox"/>	<input type="checkbox"/>
<b>*Do NOT activate if you answered NO to any of the above questions.*</b>									
4.	Has the missing person been entered into NCIC?							<input type="checkbox"/>	<input type="checkbox"/>
<b>#1- Missing Person Information</b>									
Name:					DOB:				
Race:		Sex:		Height:		Weight:		Eyes:	
Hair color, style, etc:									
Clothing:									
Miscellaneous:									
<b>#2- Missing Person Information</b>									
Name:					DOB:				
Race:		Sex:		Height:		Weight:		Eyes:	
Hair color, style, etc:									
Clothing:									
Miscellaneous:									





DEPARTMENT OF PUBLIC SAFETY  
BRITTANY ALERT REPORT FORM



**INFORMATION for Last Person #1 Seen With MISSING:**

Name:					DOB:
Race:	Sex:	Height:	Weight:	Eyes:	
Hair color, style, etc:					
Clothing:					
Miscellaneous:					

**INFORMATION for Last Person #2 seen with MISSING:**

Name:					DOB:
Race:	Sex:	Height:	Weight:	Eyes:	
Hair color, style, etc:					
Clothing:					
Miscellaneous:					

**VEHICLE Last Seen in:**

Year:	Make:	Model:
Color:	License Plate and State:	
Body Damage or other:		

**MISSING FROM:**

City or County Last Seen in:	
Date & Time Last Seen:	
Circumstances:	

<b>Attach Photo: (If Available)</b>	





DEPARTMENT OF PUBLIC SAFETY  
BRITTANY ALERT REPORT FORM



**SCRIPT:**

**TO BE USED WHEN CALLING IN A BRITTANY ALERT TO KKOB:**

**This is an emergency broadcast:**

At approximately (time), on (date) a man/woman/child by the name of; (missing person's name) described as: (age, ethnicity, other descriptors/distinguishing features, etc.) has been determined to be missing and meeting the criteria for a BRITTANY Alert.

(missing person's name) was last seen on (date/time) in the area of (city, county, etc.) and has not been able to be contacted.

(missing person's name) is considered to be in **danger** due to (describe health/mental concerns).

(missing person's name) was last seen click to select.

**Vehicle Information (if any)**

The vehicle is a (color, year, make and model) bearing (registration plate state and number). Additional descriptors for the vehicle include: (distinguishing features such as decals, rims, paint, etc.).

**Companion/s information (if any);**

The companion is a man/woman by the name of; (name) ; described as: (age, ethnicity, descriptors)

This is a **BRITTANY ALERT**: Anyone with information should immediately call your local Law Enforcement Agency or ( \_\_\_\_\_ ) \_\_\_\_\_. Thank You.

**Point of Contact Information:**

Agency:

Name:

Phone number:

Fax Number:

E-mail:



**DEPARTMENT OF PUBLIC SAFETY**  
**Endangered Person Advisory Report Form**



<b>MPCH Number:</b>				<b>Case Agency:</b>			
<b>Date:</b>				<b>Time:</b>			
				<b>Call Taken By:</b>			
<b>CALLERS INFORMATION:</b>							
<b>Relationship to Missing:</b> _____							
<b>NAME (Last, First, Middle)</b> _____							
<b>ADDRESS: (street, apt, etc.)</b> _____							
<b>City, State, ZIP</b> _____							
<b>Contact Phone #'s: Home:</b> _____ <b>Work:</b> _____ <b>Cell:</b> _____							
<b>MISSING CATEGORY:</b>							
		Non Family Abduction: <input type="checkbox"/>		Parental Abduction: <input type="checkbox"/>		Runaway: <input type="checkbox"/>	
		Adult (18 years or over) <input type="checkbox"/>		Other <input type="checkbox"/> Explain: _____			
<b>NCIC CRITERIA:</b>							
		Disability: <input type="checkbox"/>		Endangered: <input type="checkbox"/>		Involuntary: <input type="checkbox"/>	
		Juvenile: <input type="checkbox"/>		Catastrophe Victim <input type="checkbox"/>		Caution Code: _____	
				Other: _____			
<input type="checkbox"/> AMBER Alert Activated		<input type="checkbox"/> SILVER Alert Activated		<input type="checkbox"/> BRITTANY Alert Activated			
<b>MISSING PERSON INFORMATION:</b>							
<b>NAME (Last, First, Middle)</b> _____							
<b>Date Missing:</b> _____				<b>Time:</b> _____ AM/PM			
<b>Age:</b> _____		<b>Race:</b> _____		Male <input type="checkbox"/> Female <input type="checkbox"/>		<b>Height</b> _____	
				<b>Weight:</b> _____			
<b>Eye color:</b> _____			<b>Hair color:</b> _____			<b>Skin:</b> _____	
<b>Social Security #:</b> _____			<b>DOB:</b> _____			<b>Place of Birth:</b> _____	
<b>OL Number, Year, State):</b> _____							
<b>Blood type:</b> _____		<b>Fingerprints available: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, where:</b> _____					
<b>Dental Records Available? Yes <input type="checkbox"/> No <input type="checkbox"/></b>				<b>Medical Records Available? Yes <input type="checkbox"/> No <input type="checkbox"/></b>			
<b>Scars / Marks / Tattoos:</b> _____							
<b>Distinguishing Features/Unique Characteristics (limp, jewelry, glasses, etc.):</b> _____							
<b>Mental State (depressed, suicidal, etc.):</b> _____							
<b>Location last seen (address, city, state:</b> _____							





**DEPARTMENT OF PUBLIC SAFETY**  
**Endangered Person Advisory Report Form**



Possible Destination (city, state):			
Last seen wearing:			
Hobbies & interests:			
<b>VEHICLE LAST SEEN IN:</b>		License Plate Number:	State:
Color:	Year:	Make:	Model:

<b>ABDUCTORS / COMPANIONS INFORMATION:</b>				
<b>NAME (Last, First, Middle)</b>				
Aliases:				
Male: <input type="checkbox"/>		Female: <input type="checkbox"/>		Relationship:
Date of Birth:			Social Security Number:	
<b>HAIR:</b>	Color:	Dyed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Length:	Style:
<b>EYES:</b>	Color:	Glasses/Contacts: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Height:	Weight:	Build:	Right Handed: <input type="checkbox"/>	Left Handed: <input type="checkbox"/>
Fingerprints available: Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, where?		
Race:			Blood Type:	
Distinguishing Features:				
Additional Information:				
<b>Forward a copy of this report to:</b>		Department of Public Safety Missing Person's Information Clearinghouse Law Enforcement Records Bureau (LERB) P.O. Box 1628 Santa Fe, New Mexico 87504-1628 1-800-HLP-FIND (457-3463) and/or 505-827-9293 Fax # 505-827-3399 EMAIL: <a href="mailto:DPS.MissingPerson@state.nm.us">DPS.MissingPerson@state.nm.us</a>		



# INVESTIGATIVE CHECKLIST FOR LAW ENFORCEMENT WHEN HELPING UNSUPERVISED AND RUNAWAY CHILDREN



This Checklist provides an investigative framework for officers when coming in contact with unsupervised and/or runaway children<sup>1</sup> while on patrol. This information is offered to enhance the officer's ability to make educated decisions when helping to safeguard unsupervised and/or runaway children. Officers are encouraged to rely on the laws in their jurisdiction as well as their intuition and experience when making decisions regarding the best interest of the child and community.

## Field Interview: Initial Phase

The initial phase of the field interview should be conducted in a manner so as to establish the child's statements, which will form the basis in assessing the child's level of risk.

- Conduct a field interview. If the child is in the company of other people, **separate** everyone before conducting the field interview(s).
- Obtain identifying information, such as name and address, and descriptors such as height, weight, and age. Remember the child may be reluctant to provide the information or may provide incorrect information.
- Query information obtained through the Federal Bureau of Investigation's (FBI) National Crime Information Center's (NCIC) database and the state/territorial law-enforcement system counterpart. If a record is located, determine the child's status, such as missing or a charged offense, and determine whether grounds exist to immediately place the child in protective custody and transport the child for proper investigative follow-up, placement, or disposition. If no record is located, proceed with the field interview.
- Develop a timeline of the child's **whereabouts** and **activities** by asking
  - Who have you associated with while on the street?
  - What is your relationship with this/these individual(s)?
  - Where have you stayed?
  - With whom have you stayed?
  - How long have you stayed with them?
  - How long have you spent time on the street, and what have you done while on the street?
- Ask the child, in a **direct** manner, if he or she is missing, he or she is a runaway, or it is **possible** someone may be looking for him or her. Focus on deviations in behavior, both verbal and non-verbal, exhibited by the child during this initial interview phase. Keep in mind the child may be deceptive or fail to disclose information due to concerns such as fear, intimidation, or threats of reprisal.
  - If the child indicates **yes**, consider placing him or her in protective custody and transporting him or her for proper investigative follow-up, placement, or disposition.
  - If the child indicates **no**, proceed with the second phase of the field interview.

## Field Interview: Second Phase

An **in-depth** interview of the child should be conducted based on information obtained during the initial phase of the field interview in order to further **assess the child's level of risk** if allowed to remain unsupervised. Continue to look for discrepancies in information obtained in the initial phase of the field interview with information obtained during the second phase of the interview.

- Obtain **detailed** information about the child including
  - Full name.
  - Nickname(s).
  - Full physical description to include clothing, body piercings, tattoos, and any personal items such as a backpack and wireless device. **Note:** NCIC online searches should be conducted on personal items.
  - Date of birth/age. **Note:** Children 13 years old or younger do not have the survival skills necessary to protect themselves from exploitation on the streets.
  - Place of birth.
  - Addresses, both current and prior.
  - Home phone number.
  - Cell phone number.
  - Last time the child was **seen** at home.
  - Name of school attending or has attended.
  - Date last attended school.
  - Employment information, if the child is employed, including name, address, and phone number of the employer.
- Obtain full name, address, and home/business phone number(s) of last person/people to see the child at
  - Home.
  - School.



- Ask the child if he or she is under the care of a doctor. If so obtain the doctor's name, address, and phone number.
- Determine if the child is taking any prescription medication and/or other drugs, ranging from over-the-counter medications to illegal substances, and if he or she is in possession of any. Note any drug dependencies putting the child at risk.
- Ask the child if he or she has been involved in or the victim of any crimes since leaving home. Potential risk factors and/or indicators of trafficking and exploitation include
  - History of emotional, sexual, or other physical abuse.
  - Signs of current physical abuse and/or sexually transmitted diseases.
  - History of running away or current status as a runaway.
  - Appearance of expensive gifts, clothing, or other costly items with no valid explanation of their source.
  - Presence of an older boy-/girlfriend.
  - Drug addiction.
  - Withdrawal or lack of interest in previous activities.
  - Gang involvement.
- Ask the child for information about family members, both immediate and extended, including name, address, home/business phone number(s), and place(s) of employment.
- Determine the relationship(s) the child has with the identified family members.
- Identify and explore any dysfunctional relationships between family member(s) and the child. Keep in mind the child may have left home due to mental, physical, or sexual abuse or exploitation at the hands of a family member or individual otherwise known to the child.
- Ask the child to provide names, addresses, and phone numbers of friends who live or lived nearby and those with whom he or she attends or attended school.
- Identify and determine if the child is out of his or her zone of safety based on the child's age, the child's level of maturity, and environment in which the child is found. If so consider placing the child in protective custody and transporting the child for proper investigative follow-up, placement, or disposition.

#### **Field Interview: Final Phase**

Additional information must be obtained, based on the initial and secondary information gathered, in order to make a determination about allowing the child to remain unsupervised or placing the child in protective custody.

- Ask communications to check for any prior contact or calls for service with the child or child's family members
- Check with surrounding jurisdictions for prior contact with the child and the child's family members
- Check with the National Center for Missing & Exploited Children® (NCMEC) at 1-800-THE-LOST® (1-800-843-5678) for previous intake or new intake of information regarding reports of missing and/or sexually exploited children
- Check with the appropriate state/territorial missing-child (person) clearinghouse(s) for any prior contact with the child or the child's family members
- Check with the National Runaway Switchboard at 1-800-RUNAWAY (1-800-786-2929)
- Contact the National Human Trafficking Resource Center (NHTRC) at 1-888-373-7888 for assistance in cases of trafficking
- Query NCIC utilizing non-unique identifiers
- Check with social services for prior contact with the child or the child's family members
- Check with homeless shelters for any prior contact with the child
- Check with the person/people the child identified as the last one(s) to see him or her at home
- Check with the person/people the child identified as the last one(s) to see him or her at school
- Check with the child's family members to obtain additional information about the child
- Check with the child's friends to obtain additional information about the child
- Check with the child's school to obtain additional information about the child
- Check with the child's place of employment, if employed, to obtain additional information about the child

This Checklist should be used in conjunction with NCMEC's *Investigative Checklist for First Responders and Missing-Child, Emergency-Response, Quick-Reference Guide for Families* to help ensure a thorough investigation. These Checklists may be viewed, downloaded, and ordered from the "More Publications" section of NCMEC's website at [www.missingkids.com](http://www.missingkids.com).

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