

NYS DIVISION OF CRIMINAL JUSTICE SERVICES
MISSING AND EXPLOITED CHILDREN CLEARINGHOUSE

MISSING CHILD/COLLEGE STUDENT REPORT

FAMILIAL ABDUCTION
 STRANGER ABDUCTION
 LOST
 OTHER _____

ACQUAINTANCE ABDUCTION
 RUNAWAY
 UNKNOWN

AGENCY CASE NUMBER

DATE OF LAST CONTACT

COMPLAINT INFORMATION (For MECC Use Only)

Date/Time Received: _____ Case Manager Name: _____

COMPLAINANT INFORMATION

Name: _____ Male Female

Agency Name (if applicable): _____

Street Address: _____

City: _____ State/Zip Code: _____ Country: _____

Relationship To Child: _____ Telephone # (Home): (____) _____

Telephone # (Work): (____) _____ Fax #: (____) _____

E-mail Address (Home): _____ E-mail Address (Work): _____

MISSING CHILD/COLLEGE STUDENT INFORMATION

#1

Name : Last: _____ First: _____ MI: _____

Street Address: _____ City: _____

State/Zip Code: _____ Country: _____ Male Female

Race: _____ DOB: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Social Security #: _____ POB: _____

Alias: _____ Mother's Maiden Name: _____

Physical Characteristics (Scars/Marks/Tattoos): _____

Medical Problems/Medication Utilized: _____

School Name/Grade: _____

Clothing Description: _____

Date/Time/Place of Last Contact: _____

Miscellaneous: _____

Do parents/guardians possess the child's fingerprints: Yes No Number of fingers: 2 10 Other

MISSING CHILD/COLLEGE STUDENT INFORMATION**#2 (IF APPLICABLE)**

Name : Last: _____ First: _____ MI: _____

Street Address: _____ City: _____

State/Zip Code: _____ Country: _____ Male Female

Race: _____ DOB: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Social Security #: _____ POB: _____

Alias: _____ Mother's Maiden Name: _____

Physical Characteristics (Scars/Marks/Tattoos): _____

Medical Problems/Medication Utilized: _____

School Name/Grade: _____

Clothing Description: _____

Date/Time/Place of Last Contact: _____

Miscellaneous: _____

Do parents/guardians possess the child's fingerprints: Yes No Number of fingers: 2 10 Other

VEHICLE INFORMATION (IF APPLICABLE)Vehicle involved: Yes No Vehicle: Make: _____ Model: _____

Approximate Year: _____ Color: _____ Registration (License Plate) Number: _____

Registration (License Plate) State: _____ Special Identifiers/Miscellaneous: _____

ABDUCTOR INFORMATION (DO NOT COMPLETE IF A PARENT IS LISTED AS THE ABDUCTOR)

Name: Last _____ First _____ MI _____

Alias: _____ Maiden Name: _____

Street Address: _____ City: _____

State/Zip Code: _____ Country: _____ Male Female

Race: _____ DOB: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Approx Age: _____ Social Security #: _____ POB: _____

Physical Characteristics: _____

Occupation (generally): _____ Relationship To Child (if any): _____

Specify any noticeable physical or mental abnormalities that the abductor may have. Be specific. _____

LEGAL INFORMATION

Arrest Warrant Issued For Abductor: Yes No Charge: _____
 Felony Misdemeanor Court: _____ Docket #: _____
Custody Decree: Yes No Court: _____ Docket #: _____

PARENT INFORMATION - FATHER

ABDUCTOR YES NO

Name : Last _____ First _____ MI _____
Street Address: _____ City: _____
State/Zip Code: _____ Country: _____
Alias: _____
Race: _____ DOB: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____
Social Security #: _____ POB: _____
Physical Characteristics: _____
Scars/Marks/Tattoos: _____
Occupation: _____ Employer: _____
Telephone # (Home): (_____) _____ Telephone # (Work): (_____) _____
E-mail Address (Home): _____ E-mail Address (Work): _____

PARENT INFORMATION - MOTHER

ABDUCTOR YES NO

Name : Last _____ First _____ MI _____
Street Address: _____ City: _____
State/Zip Code: _____ Country: _____
Maiden Name: _____
Alias: _____
Race: _____ DOB: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____
Social Security #: _____ POB: _____
Physical Characteristics: _____
Scars/Marks Tattoos: _____
Occupation: _____ Employer: _____
Telephone # (Home): (_____) _____ Telephone # (Work): (_____) _____
E-mail Address (Home): _____ E-mail Address (Work): _____

