

School name/address/phone: _____ Grade: _____

Are the following available? Photo: Yes _____ No _____

Other identifiers: _____
(Marks, scars, braces, glasses, pierced ears, etc.)

Medical Problems: _____

When did you last see/hear from the child?

Child #2

Child's Full name: _____
Last First Middle

Nickname/Alias names: _____

Date of Birth: _____ Age: _____ Race: _____ Sex: _____

Height: _____ Weight: _____ Eyes: _____ Hair Color: _____

Email: _____ SocialMediaAccount(s): _____

Phone: _____

School name/address/phone: _____ Grade: _____

Are the following available? Photo: Yes _____ No _____

Other identifiers: _____
(Marks, scars, braces, glasses, pierced ears, etc.)

Medical Problems: _____

When did you last see/hear from the child?

Child #3

Child's Full name: _____

Last

First

Middle

Nickname/Alias names: _____

Date of Birth: _____ Age: _____ Race: _____ Sex: _____

Height: _____ Weight: _____ Eyes: _____ Hair Color: _____

Email: _____ SocialMediaAccount(s): _____

Phone: _____

School name/address/phone: _____ Grade: _____

Are the following available? Photo: Yes _____ No _____

Other identifiers: _____

(Marks, scars, braces, glasses, pierced ears, etc.)

Medical Problems:

When did you last see/hear from the child?

Child #4

Child's Full name: _____

Last

First

Middle

Nickname/Alias names: _____

Date of Birth: _____ Age: _____ Race: _____ Sex: _____

Height: _____ Weight: _____ Eyes: _____ Hair Color: _____

Email: _____ SocialMediaAccount(s): _____

Phone: _____

School name/address/phone: _____ Grade: _____

Are the following available? Photo: Yes _____ No _____

Other identifiers: _____

(Marks, scars, braces, glasses, pierced ears, etc.)

Describe: _____

Could it endanger child's health/welfare: _____

Does suspect take medications/drugs: _____

Suspect Vehicle License No.: _____ State: _____

Vehicle year: _____ Make/Model: _____ Style: _____

Vehicle color: _____ Vehicle Identification No.: _____

Registered owner: _____ Legal owner: _____

Other: _____

Abducting Parent's Family or Accomplices

List full names, date of birth, addresses, phone numbers, and relationship of suspect's family and friends who might know suspect's whereabouts.

Name: _____ Age: _____ Date of Birth: _____

Relationship: _____ Phone No.: () _____

Address: _____

Email: _____ SocialMediaAccount(s): _____

Abducting Parent's Family or Accomplices (continued)

Name: _____ Age: _____ Date of Birth: _____

Relationship: _____ Phone No.: () _____

Address: _____

Email: _____ SocialMediaAccount(s): _____

Name: _____ Age: __ Date of Birth: _____

Relationship: _____ Phone No.: () _____

Address: _____

Email: _____ SocialMediaAccount(s): _____

Name: _____ Age: __ Date of Birth: _____

Relationship: _____ Phone No.: () _____

Address: _____

Email: _____ SocialMediaAccount(s): _____

Name: _____ Age: __ Date of Birth: _____

Relationship: _____ Phone No.: () _____

Address: _____

Email: _____ SocialMediaAccount(s): _____