

**Massachusetts Missing Child Intake Form**



NCIC Case Number: \_\_\_\_\_

Agency Case Number: \_\_\_\_\_

**Reporting Party Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone (home): \_\_\_\_\_

(cell): \_\_\_\_\_

E-mail: \_\_\_\_\_

Family member information if non-reporting party (name, address, phone):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Missing Child Information:**

Name of missing child: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Current age: \_\_\_\_\_ Age when child went missing: \_\_\_\_\_

Alias/Nickname: \_\_\_\_\_

Drivers license number: \_\_\_\_\_ State: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_

Unique characteristics (scars, tattoo, jewelry, glasses, etc.): \_\_\_\_\_

Photo available: yes \_\_\_ no\_\_\_ Photo submitted: yes\_\_\_ no\_\_\_

Mass health #: \_\_\_\_\_

Dental records available: yes\_\_\_ no\_\_\_ Medical/psychiatric records available? yes\_\_\_ no\_\_\_

Medical problems / medications: \_\_\_\_\_ Blood Type: \_\_\_\_\_

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

Associations / hangouts: \_\_\_\_\_

Hobbies / interests: \_\_\_\_\_

Identification in the child's possession (i.e. Medicaid/Mass Health card, passport): \_\_\_\_\_

Cell phone number: \_\_\_\_\_ Cell phone provider: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Social networking information (Myspace, Facebook, AIM screen name):

\_\_\_\_\_  
\_\_\_\_\_

**School Information:**

Name / city of school last attended: \_\_\_\_\_ Grade: \_\_\_\_\_

Guidance counselor or special teacher: \_\_\_\_\_

**Information Regarding Last Contact:**

Location last seen (specify location): \_\_\_\_\_

City/ State: \_\_\_\_\_ Date/time last seen: \_\_\_\_\_

Last seen wearing: \_\_\_\_\_ Alias/nickname: \_\_\_\_\_

Relationship: Non custodial parent: \_\_\_ Relative: \_\_\_ Abductor: \_\_\_ Friend: \_\_\_ Unknown: \_\_\_

Address: \_\_\_\_\_ City / State: \_\_\_\_\_ Phone number: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex: \_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Social Security number: \_\_\_\_\_

**Means of Disappearance:**

Runaway: \_\_\_ Abduction: \_\_\_ Lost / injured: \_\_\_ Unknown: \_\_\_

Vehicle plate number: \_\_\_\_\_ Vehicle owner: \_\_\_\_\_

Year: \_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

Unique vehicle identifiers: \_\_\_\_\_

**Legal Status / Custody**

Parent/spouse/guardian name: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Social service agency involved: \_\_\_\_\_ Address: \_\_\_\_\_

Name of worker: \_\_\_\_\_ Phone number: \_\_\_\_\_

CHINS Warrant: yes\_\_\_ no\_\_\_ Runaway NCIC/CJIS: yes\_\_\_ no\_\_\_

Probation officer: yes\_\_\_ no\_\_\_ Probation officer name and contact info: \_\_\_\_\_

**Law enforcement agency information:**

Reported to local police: yes\_\_\_ no\_\_\_ Agency address: \_\_\_\_\_

Investigating officer: \_\_\_\_\_ Phone number: \_\_\_\_\_

Narrative / summary: \_\_\_\_\_

\_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**In cases of parental abductions, a copy of the court-certified custody order must be enclosed.**

The undersigned \_\_\_\_\_ of \_\_\_\_\_  
(print name/relationship) (print name of missing child)

hereby requests that the child's age, description, photograph (enclose), and circumstances surrounding his/her missing status appear on the Massachusetts Missing Children Clearinghouse website, which is published and maintained by the Massachusetts Department of State Police. I understand this information may also be published or otherwise disseminated and made available to law enforcement agencies and other agencies or organizations involved with missing persons.

It is further understood and agreed that any and all information supplied by me shall be truthful, and I agree to hold harmless that the Massachusetts Executive Office of Public Safety and Security and the Massachusetts State Police for any error of omission or commission occasioned by the misinformation I may supply. I further agree to indemnify and hold harmless the Executive Office of Public Safety and Security and all law enforcement agencies or other organizations and/or individuals, contacts or sources of information, for or on account of any legal liability for suits, actions, claims or damages that the reported missing person might prosecute against the aforesaid persons or entities and/or individuals, whether successful or not, including the defendants, costs sustained.

SIGNED \_\_\_\_\_

DATED \_\_\_\_\_

**\*\*Release must be signed by the parent or legal guardian\*\***

**SEND COMPLETED FORM TO:**

**MASSACHUSETTS STATE POLICE  
MASSACHUSETTS MISSING CHILDREN CLEARINGHOUSE  
124 ACTON STREET  
MAYNARD, MA 01754  
-OR-  
FAX: (978) 451-3707**

**\*\*IMMEDIATELY NOTIFY THE MASSACHUSETTS MISSING CHILDREN  
CLEARINGHOUSE WHEN THE PERSON HAS BEEN LOCATED:**

**Phone: 1-800-622-5999 or (978) 451-3728  
E-mail: [MMCC@pol.state.ma.us](mailto:MMCC@pol.state.ma.us)  
Web address: [www.mass.gov/missingchildren](http://www.mass.gov/missingchildren)**