

# Commonwealth of Virginia Department of State Police



## Virginia Missing Person with Autism Alert Plan

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## **SUMMARY**

The Virginia Missing Person with Autism Alert Plan, created by legislation in the 2021, provides a valuable tool for Virginia law enforcement agencies to help locate missing person's with Autism, while allowing the broadcaster of Virginia an opportunity to contribute to the communities they serve. We are hopeful that Virginia's Missing Person with Autism Alert Plan will assist in recovering missing autistic persons who may be in great danger. This plan is available for use by all Virginia law enforcement agencies and can be used as their primary Missing Person with Autism Alert Plan or as a supplement to a local plan.

### **Definitions:**

§ [52-34.13](#). Definitions.

*"Media" means print, radio, television, and Internet-based communication systems or other methods of communicating information to the public.*

*"Missing person with autism" means any person (i) whose whereabouts are unknown; (ii) who has been diagnosed with autism spectrum disorder as defined in § [38.2-3418.17](#); and (iii) whose disappearance poses a credible threat as determined by law enforcement to the safety and health of the person and under such other circumstances as deemed appropriate by the Virginia State Police.*

*"Missing person with Autism Alert" means the notice of a missing person with autism provided to the public by the media or other methods under a Missing Person with Autism Alert Agreement.*

*"Missing Person with Autism Alert Agreement" means a voluntary agreement between law-enforcement officials and members of the media whereby a person with autism will be declared missing, and the public will be notified by media outlets, and includes all other incidental conditions of the partnership as found appropriate by the Virginia State Police.*

*"Virginia Missing Person with Autism Alert Program" or "Program" means the procedures and Missing Person with Autism Alert Agreements to aid in the identification and location of a missing person with autism.*

## Statutory Authority:

§ 52-34.14. *Establishment of the Virginia Missing Person with Autism Alert Program.*

*The Virginia State Police shall develop policies for the establishment of uniform standards for the creation of Virginia Missing Person with Autism Alert Programs throughout the Commonwealth. The Virginia State Police shall (i) inform local law-enforcement officials of the policies and procedures to be used for the Missing Person with Autism Alert Programs; (ii) assist in determining the geographic scope of a particular Missing Person with Autism Alert; and (iii) establish procedures and standards by which a local law-enforcement agency shall verify that a person with autism is missing and shall report such information to the Virginia State Police.*

*The establishment of a Missing Person with Autism Alert Program by a local law-enforcement agency and the media is voluntary, and nothing in this chapter shall be construed to be a mandate that local officials or the media establish or participate in a Missing Person with Autism Alert Program.*

§ 52-34.15. *Activation of Virginia Missing Person with Autism Alert Program upon incident of a missing person with autism.*

*A. Upon receipt of a notice of a missing person with autism from a law-enforcement agency, the Virginia State Police shall confirm the accuracy of the information and provide assistance in the activation of the Missing Person with Autism Alert Program as the investigation dictates.*

*B. Missing Person with Autism Alerts may be local, regional, or statewide. The initial decision to make a local Missing Person with Autism Alert shall be at the discretion of the local law-enforcement official. Prior to making a local Missing Person with Autism Alert, the local law-enforcement official shall confer with the Virginia State Police and provide information regarding the missing person with autism to the Virginia State Police. The decision to make a regional or statewide Missing Person with Autism Alert shall be at the discretion of the Virginia State Police.*

*C. The Missing Person with Autism Alert shall include such information as the law-enforcement agency deems appropriate that will assist in the safe recovery of the missing person with autism.*

*D. The Missing Person with Autism Alert shall be canceled under the terms of the Missing Person with Autism Alert Agreement. Any local law-enforcement agency that locates a missing person with autism who is the subject of an alert shall notify the Virginia State Police immediately that the missing person with autism has been located.*

## **Criteria for the Activation of the Plan**

1. The missing persons whereabouts are unknown, and;
2. Has been diagnosed with autism spectrum disorder and;
3. Whose disappearance poses a credible threat as determined by law enforcement to the safety and health of the person and under such other circumstances as deemed appropriate by the Virginia State Police.
4. A law enforcement investigation has taken place that verified the person is missing and eliminated alternative explanations by a thorough search of the immediate area, if vehicular travel is not involved as a mode of travel.
5. Sufficient information regarding the missing person is available to disseminate to the public that could assist in locating the missing person.
6. The missing person must be entered into the Virginia Criminal Information Network (VCIN), the National Crime Information Center (NCIC) missing person files, and information reported to the Virginia Missing Person Clearinghouse (VMPC) in the prescribed format.

If all of the aforementioned criteria are not met, the Virginia Missing Person with Autism Alert Plan will not be activated; however, information can still be provided to the media.

## **Missing Person with Autism Alert Requirements for All Law Enforcement Agencies**

1. **CONFORMATION.** Law enforcement agencies are required to confer with the VMPC/State Police prior to activation of a local Missing Person with Autism Alert. Once the investigating agency has contacted and provided the Virginia Missing Person Clearinghouse (VMPC) with the required information, the requesting agency will only be required to submit updated information and notify the VMPC of the recovery of the missing person or cancellation of the alert.
2. **INVESTIGATION POLICY.**
  - a. **AGENCY POLICY.** Agencies must follow their intra-departmental policy regarding the actual investigation process involving missing person incidents within their jurisdiction.
  - b. **ACTIVE.** An investigation must be ongoing and active prior to requesting the Missing Person with Autism Alert activation.
  - c. **VCIN/NCIC.** The agency must have entered the missing person into the VCIN/NCIC systems.
3. **POINT OF CONTACT.** The agency must designate at least one officer as a point of contact for the VMPC to communicate with during the incident.
4. **PHONE CAPABILITY**
  - a. The agency must have an assigned telephone number capable of rolling over to at least two separate lines to take telephone calls if the Missing Person with Autism Alert Plan is activated, or have made arrangements with the Virginia Missing Person Clearinghouse to take the telephone calls and forward the information to the law enforcement agency.
5. **NECESSARY INFORMATION.** Upon activation of the Virginia Missing Person with Autism Alert Plan, the following information must be immediately submitted to the Virginia Missing Person Clearinghouse:
  - a. A photograph of the missing person.
  - b. Required information listed in the Virginia Missing Person with Autism Alert Activation forms or Agency form and as set forth in the Virginia Missing Person with Autism Alert Plan.
  - c. Updated information regarding the case. The VMPC will disseminate the pertinent information to participating television and radio stations.
  - d. Immediate notification the missing person has been located, or upon closure of the case. The VMPC will notify all components of the Virginia "Missing Person with Autism Alert" Plan regarding the termination of the alert.
6. **TERMINATION.** Agencies must notify VMPC using the appropriate form if the investigation is terminated within 12 hours.
7. **SP-183 or SP-67 FORM.** Depending on the missing person's age, the agency must submit either a completed SP-183 or the SP-67 to [dutysqthq@vsp.virginia.gov](mailto:dutysqthq@vsp.virginia.gov).



## **VMPC MISSING PERSON WITH AUTISM ALERT ACTIVATION PROCESS**

Activation of the Virginia Missing Person with Autism Alert Plan must be initiated through the Virginia State Police. Once the agency receives a report that meets the established age criteria:

1. Complete the included pre-established Virginia Missing Person with Autism Alert form packet and forward to the Virginia Missing Person Information Clearinghouse.
2. Notify the duty sergeant/VMPC by telephone at 804-674-2026 and immediately confirm our receipt of the packet information. If you should have any difficulties transmitting information, designate a department contact for VMPC (include a name and telephone number on the standardized form).
3. Forward the most current photograph of the missing person immediately and forward all incident details or summaries to the Virginia Missing Person Clearinghouse at [vamissing@vsp.virginia.gov](mailto:vamissing@vsp.virginia.gov) and [dutysgthq@vsp.virginia.gov](mailto:dutysgthq@vsp.virginia.gov). The electronic image of the photograph must be in Joint Photograph Experts Group (JPEG) format.

**Telephone #: 804-674-2026**

**Forms only – Facsimile #: 804-674-6704**

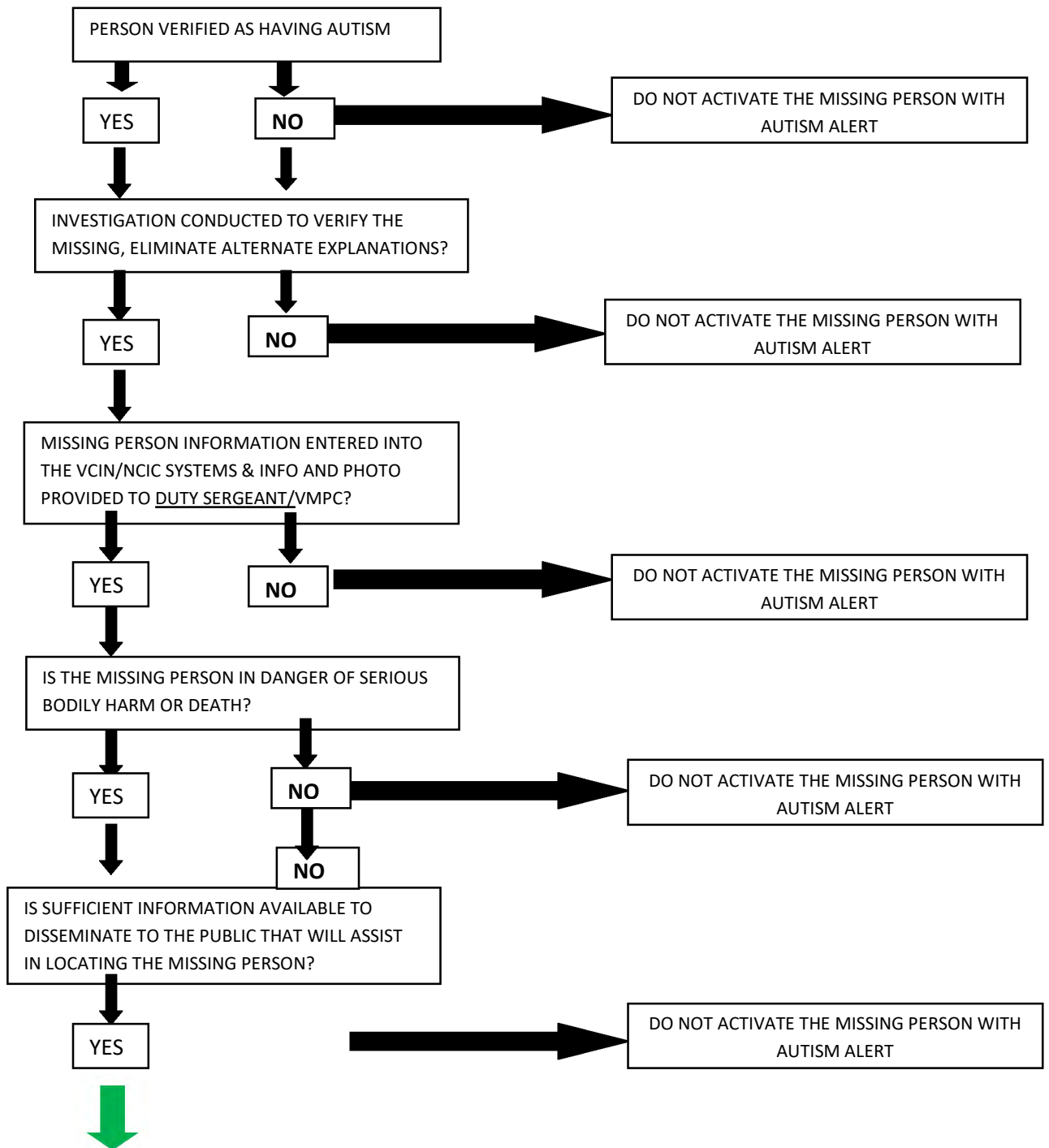
4. Internal Approval and Process:
  - a. Upon receiving a request from a law enforcement agency to activate a Missing Person with Autism Alert, the duty sergeant will review the information to ensure the criteria is met.
  - b. The duty sergeant will notify the VCIN First Sergeant, VCIN Administrative Sergeant, or VCIN Lieutenant; who will evaluate the request and determine if a Missing Person with Autism Alert should be activated. The VCIN First Sergeant, VCIN Administrative Sergeant, or VCIN Lieutenant will notify the duty sergeant of the decision.
  - c. The duty sergeant will create an Alert Slide flyer and upload to departments' website indicating the active alert and then send the corresponding Everbridge Alert Broadcast.
  - d. Duty sergeant will notify the public relations manager or their designee of the alert.
  - e. Once the Missing Person with Autism Alert has been cancelled:

- i. Delete the active alert/flyer from the department website
  - ii. Update and rebroadcast Everbridge cancellation notice
- f. Forward the following paperwork to the Virginia Missing Persons Clearinghouse for record keeping, through appropriate channels:
  - i. Activation Form
  - ii. SP-67 / SP-183
  - iii. After Action Report
  - iv. Any other notes/documentation pertaining to the alert

#### Cancellation Procedure

- a. Upon any resolution of the missing case, immediately notify the duty sergeant at [dutysgthq@vsp.virginia.gov](mailto:dutysgthq@vsp.virginia.gov) to cancel the request.
- b. Contact the duty sergeant by phone to confirm the receipt of the cancellation request at 804-674-2026.

# DECISION FLOWCHART FOR VIRGINIA MISSING PERSON WITH AUTISM ALERT PLAN ACTIVATION



## **APPENDIX A**

### **VIRGINIA MISSING PERSON WITH AUTISM ALERT FORMS**

## **Virginia Missing Person with Autism Alert Request Form**

### **Incident Information**

**Date Missing:** \_\_\_\_\_ **Time Reported Missing:** \_\_\_\_\_  
(mm/dd/yy) (hh:mm)

**Location of Incident - last known location:**

\_\_\_\_\_  
(Description)

**Direction of Travel/Destination:**

\_\_\_\_\_  
(City, State, Subdivision)

**Vehicle Description:**

\_\_\_\_\_  
(Make, Model, Year, Color, License Plate Number and State of Issue)

### **Missing Person Information**

**Name:** \_\_\_\_\_  
(Last, First, MI)

**Gender:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Race:** \_\_\_\_\_  
(Male/Female) (mm/dd/yy or Approx. Year) (Include all Types)

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Hair:** \_\_\_\_\_ **Eyes:** \_\_\_\_\_  
(Feet/Inches) (Lbs.) (Style and Color) (Color)

### **Clothing:**

**Shirt:** \_\_\_\_\_  
(Type, Long or Short Sleeve, Color)

**Pants:** \_\_\_\_\_  
(Type and Color)

**Shoes:** \_\_\_\_\_  
(Type and Color)

**Other:** \_\_\_\_\_  
(Type and Color)

**Outerwear:** \_\_\_\_\_  
(Type and Color)

**Additional Significant Identifiers:** \_\_\_\_\_

**Medical Needs:** \_\_\_\_\_

OBTAIN A PHOTOGRAPH OF THE PERSON, AND E-MAIL TO THE VIRGINIA MISSING PERSON CLEARINGHOUSE [vamissing@vsp.virginia.gov](mailto:vamissing@vsp.virginia.gov) and [dutysgthq@vsp.virginia.gov](mailto:dutysgthq@vsp.virginia.gov).

## **Virginia Missing Person with Autism Alert Request Form**

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### ***CONTACT ORGANIZATION:***

Sheriff's Office or Police Department: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

Pager Number: \_\_\_\_\_ Cellular Telephone Number: \_\_\_\_\_

Date and Time Submitted: \_\_\_\_\_

# **Virginia Missing Person with Autism Alert Request Form**

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## **AUTHORIZATION FOR RELEASE OF MISSING PERSON INFORMATION**

For a period of one year from the execution of this form, the undersigned authorizes full disclosure of all records concerning the missing person to any agent of the state of Virginia, Virginia State Police, or any individual or entity assigned by the Virginia State Police, whether the records are of a public, private, internal, or confidential nature. I direct the release of such information regardless of any agreement I may have made to the contrary with any entity or individual to whom the missing person's information is released or presented. The intent of this authorization is to give my consent for full and complete disclosure of potentially confidential information. Additionally, I understand the duty of the Virginia State Police to release any information to the proper authorities and make other reports as may be mandated by law. I also certify that any person(s) who may furnish such information concerning the missing person shall not be held accountable for giving this information; and I do hereby release such person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Virginia State Police, Virginia Broadcasters Association and its agents, and designees under this release, from any and all liability which may be incurred as a result of furnishing such information. A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature. I have read and fully understand the contents of this "Authorization for Release of Information."

### **PLEASE PRINT OR TYPE:**

---

Last Name, First Name, Middle Initial

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Current Address, House Number/Box Number Street Name/Rural Route, City, State, Zip Code

**Signature** \_\_\_\_\_

### **LIABILITY AGREEMENT:**

I hereby agree the information I have provided to you acting as an agent of the state of Virginia, Virginia State Police, Virginia Broadcasters Association or any individual or entity assigned by the Virginia State Police, to be truthful, factual, and correct. As the parent/legal custodian, I am aware that in order for the Virginia State Police to activate the Virginia Missing Person with Autism Alert, the following criteria must be met:

1. The missing person has been diagnosed with autism spectrum disorder
2. The missing person is ***believed to be in danger of serious bodily harm or death.***

I am also aware I may be charged criminally for committing the crime of knowingly providing false information to law enforcement authorities. I have read and fully understand the contents of this "Liability Agreement."

### **PLEASE PRINT OR TYPE:**

---

Last Name, First Name, Middle Initial

---

Current Address, House Number/Box Number Street Name/Rural Route, City, State, Zip Code

**Signature:** \_\_\_\_\_

# Virginia Missing Person with Autism Alert Termination Form

We are terminating the Missing Person with Autism Alert originated by our agency. Please broadcast the following information as necessary.

## Text Follows

The Missing Person with Autism Alert which was transmitted earlier for

(Full name) \_\_\_\_\_, missing from

(Street) \_\_\_\_\_

(City or County) \_\_\_\_\_, has been

canceled. The Autism Alert for (Full name)

\_\_\_\_\_ has been cancelled.

If there are any problems with or questions about the contents of this fax, call

\_\_\_\_\_ at \_\_\_\_\_

(NAME)

(PHONE)

## Text Ends

Originating Agency: \_\_\_\_\_