

VIRGINIA MISSING CHILD INFORMATION CLEARINGHOUSE REPORT

Part 1: Missing Child Information (Mandatory Section)

Last Name: _____ First Name: _____ Middle Name: _____ Suffix: _____
 Sex: _____ Race: _____ Place of Birth: _____ Date of Birth: _____
 Height: _____ Eye Color: _____ Date of Emancipation: _____
 Weight: _____ Hair Color: _____ Skin Tone: _____
 Scars, Marks, Tattoos, Piercings: _____ Social Security #: _____ Citizenship: _____
 Caution/Medical Condition/Medication Needed: _____

Part 2: Additional Identifiers (Mandatory Section)

Dental Records: _____ Fingerprints Available: _____ Photo Date (If Available): _____
 Blood Type: _____ Circumcision: _____ Footprints Available: _____ Body X-Rays: _____
 Corrective Lenses: _____ Jewelry Information: _____
 DNA Available: _____

Part 3: Additional Information

Part 4: Incident Information (Mandatory Section)

Last Seen in the Company of _____ Date of Last Contact : _____
 Name: _____ Sex: _____ Race: _____
 Name: _____ Sex: _____ Race: _____
 Name: _____ Sex: _____ Race: _____

Check Applicable Condition:

Disability:
 Child missing is under proven physical/mental disability thereby subjecting herself/himself or others to personal or immediate danger.

*Are you requesting a Missing Person with Autism Alert activation? Yes No

Endangered:
 Child missing under circumstances indicating his/her physical safety is in danger.

*Are you requesting a CODI Alert activation? Yes No

Involuntary:
 Child missing under circumstances indicating the disappearance was not voluntary.

*Are you requesting an Amber Alert activation? Yes No

Juvenile:
 Child under 18 years of age who is missing and DOES NOT meet the criteria set forth in #1, 2, or 3. This category should not include children under the age of 12.

Missing Young Adult:
 A person at least 18 years old who has not reached 21 years of age and is missing and does not meet the criteria set forth in #1, #2, or #3. Young adult entered as Missing Person Other (Message Key EMO).

*Are you requesting a critically missing adult alert? Yes No

**If you are requesting an alert, please contact the Virginia State Police Headquarters Duty Sergeant at (804) 674-2026*

Part 5: Operator Information

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

Part 6: Vehicle Information

License Plate #: _____ License State: _____ License Year: _____ License Type: _____
 VIN #: _____ Vehicle Year: _____ Vehicle Make: _____
 Vehicle Style: _____ Vehicle Color: _____ Vehicle Model: _____

Part 7: Agency Information (Mandatory Section)

Investigating Agency: _____ Agency ORI: _____
 Agency Phone # (Accessible 24 Hours): _____ Agency Case #: _____
 Investigating Officer: _____ Badge #: _____ Officer Phone #: _____
 Date/Time Reported to Law Enforcement: _____ VIC #: _____
 Date/Time Entered in VCIN/NCIC: _____ Date/Time Cleared From VCIN/NCIC: _____

Per VA Code § 15.2-1718 within two hours of receiving the report, enter identifying and descriptive data about the child into the Virginia Criminal Information Network and the National Crime Information Center Systems
Per VA Code § 52-34 Any law-enforcement officer who has reported a missing child to the Clearinghouse shall notify the Clearinghouse immediately upon determining the location of the child.

Part 8: Information for School Division (Mandatory Section)

Name of School Last Attended: _____ Code Number of School: _____

Part 9: Information for Vital Records (Only Use If Place of Birth is in Virginia)

Mother's Maiden Name _____ County/City Code of Birth: _____
 Last: _____ First: _____ Middle: _____

Part 10: Parent or Legal Guardian Information (Mandatory Section)

Last: _____ First: _____ Middle: _____
 Street: _____
 City: _____ State: _____ ZIP: _____
 Cell Phone #: _____ Home Phone #: _____ Relationship: _____

Part 11: Certification of Information (Mandatory Section)

I certify the person described in Part 1 is missing and that the information I have furnished is true and correct to the best of my knowledge and belief.

/s/ _____
 SIGNATURE DATE RELATIONSHIP

Part 12: Authorization for Release of Information (Mandatory Section)

I authorize any law-enforcement official to use photographs and/or any other identifying information I have provided in any manner they deem necessary in attempting to locate the person I am reporting missing.

I represent that I am the natural parent and/or legal guardian of the person named in this report and have the legal right to sign this authorization and consent.

/s/ _____
 SIGNATURE DATE RELATIONSHIP

Part 13: Submitting Report (Mandatory Section) *Please send a current photo of the child with this form*****

Virginia Missing Children Clearinghouse Email: vamissing@vsp.virginia.gov *Please Do Not Fax*
 Superintendent Of Local School Division Email: _____ Fax #: _____

Virginia Registrar of Vital Record Email: Howard.Pitt@vdh.virginia.gov Fax#: 804-662-7269

Per VA Code § 52-31.1 This report must be sent to the preceding agencies within 24 hours of the missing child being reported to law enforcement.