



INDIANA MISSING CHILDREN CLEARINGHOUSE REPORT

State Form 42290 (R/9-94) Stock #1356 AS AUTHORIZED BY IC 10 - 1 - 7

IMCC NUMBER _____

IDACS NUMBER _____

BE VERY SPECIFIC, THE MORE ACCURATE AND COMPLETE THE INFORMATION, THE BETTER THE CHANCE OF IDENTIFICATION.

1. NAME (last, first, middle)	2. ALIAS/NICKNAMES
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3. SEX <input type="checkbox"/> M <input type="checkbox"/> F	4. RACE <input type="checkbox"/> ASIAN <input type="checkbox"/> INDIAN <input type="checkbox"/> UNKNOWN <input type="checkbox"/> BLACK <input type="checkbox"/> WHITE	5. PLACE OF BIRTH (CITY & STATE ONLY)
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6. DATE OF BIRTH MO. DAY YR.	7. AGE	8. NAME & ADDRESS OF LAST SCHOOL, DAY CARE CENTER OR HOME ATTENDED.
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9. HEIGHT	10. WEIGHT	11. EYE COLOR <input type="checkbox"/> GRAY <input type="checkbox"/> BLACK <input type="checkbox"/> BROWN <input type="checkbox"/> BLUE <input type="checkbox"/> GREEN <input type="checkbox"/> HAZEL <input type="checkbox"/> OTHER (DESCRIBE)	12. HAIR STYLE <input type="checkbox"/> AFRO <input type="checkbox"/> CURLY <input type="checkbox"/> BRAIDED/PONYTAIL <input type="checkbox"/> STRAIGHT
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13. HAIR COLOR <input type="checkbox"/> BLACK <input type="checkbox"/> BROWN <input type="checkbox"/> RED <input type="checkbox"/> BLONDE <input type="checkbox"/> OTHER (DESCRIBE)	14. HAIR LENGTH <input type="checkbox"/> EAR <input type="checkbox"/> SHOULDER <input type="checkbox"/> COLLAR <input type="checkbox"/> BELOW SHOULDER	15. FACIAL HAIR <input type="checkbox"/> NONE <input type="checkbox"/> UNSHAVEN <input type="checkbox"/> MUSTACHE <input type="checkbox"/> BEARD <input type="checkbox"/> GOATEE
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16. SKIN TONE <input type="checkbox"/> FAIR/LIGHT <input type="checkbox"/> MEDIUM <input type="checkbox"/> DARK <input type="checkbox"/> BLACK <input type="checkbox"/> RUDDY <input type="checkbox"/> OTHER	17. BUILD <input type="checkbox"/> THIN <input type="checkbox"/> HEAVY <input type="checkbox"/> MUSCULAR <input type="checkbox"/> MEDIUM	18. TEETH <input type="checkbox"/> PROTRUDING <input type="checkbox"/> GAPS <input type="checkbox"/> GOLD-CAPPED <input type="checkbox"/> CHIPPED <input type="checkbox"/> DECAYED <input type="checkbox"/> STRAIGHT
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19. SCARS, MARKS, TATTOOS, DEFORMITIES

20. FINGERPRINT CLASSIFICATION	21. SOCIAL SECURITY NUMBER *	22. DRIVER'S LICENSE NUMBER AND STATE
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23. DATE & TIME: LAST SEEN MO. DAY YR.	24. TIME (MILITARY)	25. LOCATION LAST SEEN:
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26. LAST SEEN WEARING (list all available descriptors)

27. HOBBIES, INTERESTS, ASSOCIATIONS, HANGOUTS

28. POSSIBLE DESTINATION (NAME & LOCATION)

29. POSSIBLY IN COMPANY WITH (NAME & AGE)

30. LICENSE PLATE NUMBER & YR	31. STATE	32. VEHICLE YR.	33. MAKE	34. MODEL	35. STYLE	36. COLOR
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37. CORRECTED VISION <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> GLASSES <input type="checkbox"/> CONTACT LENSES	38. BLOOD TYPE	39. MEDICATION REQUIRED (REASON & TYPE)
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40. JEWELRY TYPE	41. JEWELRY DESCRIPTION	42. LEA INITIAL ASSESSMENT <input type="checkbox"/> FAMILY ABDUCTION (interference with custody) <input type="checkbox"/> NON-FAMILY ABDUCTION (criminal confinement) <input type="checkbox"/> RUNAWAY <input type="checkbox"/> OTHER (SPECIFY IN BLOCK #44)
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43. IF ABSCONDED FROM AN INSTITUTION: Name of Welfare Case Worker, Office Telephone Number

44. PLEASE INCLUDE ANY PERTINENT INFORMATION REGARDING THE MISSING CHILD NOT ADDRESSED ON THIS FORM.

**PLEASE NOTIFY THE INDIANA MISSING CHILDREN CLEARINGHOUSE
WHEN CHILD HAS BEEN LOCATED
1-800-831-8953 or (317) 232-8310**

PLEASE ENCLOSED A CURRENT WALLET SIZE PHOTOGRAPH OF THE MISSING CHILD.

PARENT/GUARDIAN NAME		TELEPHONE & AREA CODE			
		HOME			
		WORK			
PARENT/GUARDIAN ADDRESS (INCLUDE CITY, STATE AND ZIP)					
LOCAL AGENCY HANDLING THE CASE (INCLUDE CITY & STATE)					
INVESTIGATING OFFICER	TELEPHONE NUMBER & AREA CODE	CASE NUMBER			
<p>IN CASES OF PARENTAL ABDUCTIONS, a copy of the court certified order stating that the reporting parent has custody must be enclosed. (NOTE: If it is requested that the non-custodial parent's photograph be included in the bulletin, a copy of a court-certified felony warrant, which is presently in IDACS/NCIC must be made available to IMCC prior to publication of the photograph.</p>					
DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION					
<p>DISCLOSURE OF INFORMATION REQUESTED IS VOLUNTARY, IN ACCORDANCE WITH I.C. 10-1-7. THIS INFORMATION WILL BE SHARED WITH STATE AND FEDERAL LAW ENFORCEMENT AGENCIES IN AN EFFORT TO LOCATE MISSING CHILDREN. FAILURE TO PROVIDE THIS INFORMATION MAY LIMIT INVESTIGATIVE RESULTS. ALL INFORMATION WITH THE EXCEPTION OF CHILD'S NAME, DATE OF BIRTH, AND SEX, WILL BE TREATED AS CONFIDENTIAL AND PART OF AN OFFICIAL LAW ENFORCEMENT INVESTIGATION, EXEMPT FROM PUBLIC DISCLOSURE. *RELEASE OF SOCIAL SECURITY NUMBER IS REQUESTED TO ALLOW ITS USE AS AN INVESTIGATIVE TOOL. FAILURE TO PROVIDE THIS INFORMATION WILL NOT RESULT IN ANY PENALTY.</p>					
<p>I SWEAR UNDER PENALTY OF PERJURY THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE CHILD DESCRIBED IN THIS REPORT, AND THAT MY RIGHT TO THE CUSTODY OF SAID CHILD HAS NOT BEEN TERMINATED OR LIMITED BY THE ORDER OR DECREE OF ANY COURT OF LAW. I HEREBY AUTHORIZE THE INDIANA STATE POLICE, OR ANY OFFICER OR EMPLOYEE THEREOF, OR OFFICER OR EMPLOYEE OF ANY OTHER CRIMINAL JUSTICE AGENCY, TO DISSEMINATE THE INFORMATION CONTAINED IN THIS REPORT, INCLUDING PHOTOGRAPH, TO ANY PERSON OR ORGANIZATION ENGAGED DIRECTLY OR INDIRECTLY IN ANY EFFORT TO ASSIST IN THE LOCATION OF MISSING CHILDREN.</p>					
<p>I FURTHER CERTIFY THAT THE INFORMATION IN THIS REPORT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE</p>					
<p>THIS _____ DAY OF _____, 19 _____ RELATIONSHIP _____</p>					
<p>SIGNATURE _____</p>					
<p>SEND COMPLETED FORM TO:</p> <p>INDIANA MISSING CHILDREN CLEARINGHOUSE INDIANA STATE POLICE IGCN - 100 North Senate Avenue Indianapolis, IN 46204-2259</p>					
IMCC USE ONLY					
DATE RECEIVED	DATE ENTERED IMCC	DATE REMOVED IMCC	ENTERED IDACS <input type="checkbox"/> YES <input type="checkbox"/> NO	CANCELLED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE PUBLISHED
DISPOSITION					