

Voices For Vanished Inc.

Intake Form

LAW ENFORCEMENT AGENCY CONTACT INFORMATION:

POLICE AGENCY: _____ VFVCASE # _____
CASE NUMBER: _____ AGENCY PHONE NUMBER: _____
NCIC/NAMUS #: _____ DATE REPORT FILED: _____
NAME/PHONE# OF ASSIGNED INVESTIGATOR: _____
OFFICE PHONE: _____ CELL: _____
EMAIL: _____ NEMEC/NAMUS # _____

PERSONAL INFORMATION:

FULL NAME OF MISSING PERSON: _____
MAIDEN NAME: _____ ALIAS/NICKNAMES: _____
ADDRESS: _____ CITY: _____
COUNTY: _____ ZIP: _____ DATE OF BIRTH: _____
AGE OF PERSON WHEN LAST SEEN: _____
RACE: _____ SEX: _____ HEIGHT: _____ WEIGHT: _____
HAIR COLOR: _____ EYE COLOR: _____ SKINTONE: _____ DATE LAST
SEEN: _____ DATE OF LAST CONTACT: _____ LOCATION WHERE PERSON LAST
SEEN: _____

SCREENING QUESTIONS:

YES NO Is your child displaying rebellious behavior that is uncharacteristic from their norm
 YES NO Have you found new material possessions or cash on your child
 YES NO Have you found burner or pre-paid cell phones in your child's possession
 YES NO Have you seen sexually explicit photos of your child on social media
 YES NO Has your child's demeanor exhibit fear, anxiety, depression and/or submissiveness
 YES NO Has your child changed their peer group
 YES NO Is your child experimenting with drugs and/or alcohol
 YES NO Has your child got new tattoos without your permission
 YES NO Does your child have a new, older boyfriend/girlfriend
 YES NO Have you discovered second social media accounts for your child
 YES NO Has your child withdrawn from her family
 YES NO Have you seen or heard from your child since she left (method text, email, live)

DESCRIPTIVE BODY FEATURES:

SCARS/MARKS: _____

TATTOOS: _____

BODY PIERCINGS: _____

BIRTHMARKS: _____

CLOTHING AND ACCESSORIES:

LAST KNOWN CLOTHING WORN: _____

LAST KNOWN FOOTWEAR WORN:

PURSE/BACKPACK/CARRY-ON/LUGGAGE/PHONE/COMPUTER/IPAD ETC. _____

MEDICAL INFORMATION:

CONTACTS OR GLASSES: _____ BRACES: _____

CURRENT MEDICATIONS: _____

MEDICAL CONDITIONS: _____

TRANSPORTATION:

VEHICLE MAKE: _____ VEHICLE MODEL: _____

VEHICLE YEAR: _____ STYLE: _____ COLOR: _____

VIN: _____ PLATE NUMBER: _____

STATE: _____ LIST ANY DECALS ON VEHICLE: _____

LIST ANY DAMAGE TO VEHICLE: _____

ELECTRONIC DEVICES:

WIRELESS CARRIER: _____ IS ONLINE ACCOUNT ACCESSIBLE: _____

PHONE NUMBER: _____ EMAIL: _____

FACEBOOK: _____

TWITTER: _____

INSTAGRAM: _____

SNAPCHAT: _____

YOUTUBE: _____

OTHER SOCIAL MEDIA: _____

ADDITIONAL KNOWN APPS:

DAILY ACTIVITIES:

CURRENT EMPLOYER: _____

ADDRESS: _____

EMPLOYER PHONE NUMBER: _____ SUPERVISOR NAME: _____

CURRENT SCHOOL: _____

ADDRESS: _____

PHONE NUMBER: _____ DISTRICT NAME: _____

PLACES THEY FREQUENT: _____

LIST NAME(S) OF CHURCH(ES) PERSON ATTENDS/PHONE NUMBERS: _____

KNOWN FAMILY MEMBERS:

(PARENTS/REPORTING PERSONS)

FULL NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

RELATIONSHIP TO MISSING PERSON: _____

FACEBOOK?: _____

FULL NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

RELATIONSHIP TO MISSING PERSON: _____

FACEBOOK?: _____

INFORMATION ABOUT ANYONE THAT MAY HAVE SEEN OR SPOKE TO

PERSON BEFORE HE/SHE WENT MISSING:

(Names/address/phone number to last persons contacted/friends)

PERSON(S) OF INTEREST IN MISSING PERSON CASE:

ADDITIONAL NOTES:

Multiple horizontal lines for writing notes.

(281) 624-9168, (409) 276-7020
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