



## DEPARTMENT OF THE ATTORNEY GENERAL

### Missing Child Center – Hawaii

425 Queen Street  
Honolulu, HI 96813  
phone: (808) 586-1449 fax: (808) 587-4118  
e-mail: [hawaiimissingkids@hawaii.gov](mailto:hawaiimissingkids@hawaii.gov)

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## **INTAKE CHECKLIST**

Dear Parent/Guardian:

Please complete all of the enclosures, mailing them back with any applicable forms and photos as checked below with adequate postage **as soon as possible**. The safe return of your child(ren) is our most important objective, and the Missing Child Center – Hawaii is here to assist you. We are most effective when we have as much applicable information as possible; use the checklist below to ensure that all the necessary forms have been completed. **Contact us within 24 hours of your child's recovery so that we can notify our poster distribution list.**

- Send us the most recent original, digital, electronic photograph or high quality reprint you have of your child(ren) and the abductor if possible (photos may not be returned). Videotapes and 8mm films can also be used if necessary. *Please indicate approximately when the photograph(s) you are submitting of the missing child and/or the abductor were taken.*
- When submitting photos, videos or films, please be sure to identify your child(ren) and the abductor(s).

### ***Photocopies of photographs are NOT acceptable for media poster preparation.***

- Complete and sign the release forms\* which allows the Missing Child Center – Hawaii to distribute pictures of your children.
- Complete the child and/or abductor bio-information forms\*, making sure to fill in all requested information.
- Enclose a certified copy of your custody order.
- Return all forms (release, bio-information and checklist), original photographs and a copy of your custody order (if applicable) together, with adequate postage.

**A delay in returning the requested information will result in a delay in the process of poster preparation and distribution in your child(ren)'s case. The earlier we receive the forms and photos, the sooner we can begin publicizing your missing child(ren).**

\*If there is more than one missing child or abductor, please photocopy the applicable form(s) or call and request that we mail or fax you additional forms. Complete one form for each child and/or abductor.

# DEPARTMENT OF THE ATTORNEY GENERAL

## MISSING CHILD CENTER – HAWAII

425 Queen St. / Honolulu, HI 96813 / fax (808) 587-4118

### CHILD BIO INFORMATION FORM

#### PLEASE COMPLETE AND RETURN THIS FORM PROMPTLY

Dear Parent/Guardian,

Following is a form requesting a physical description of your missing child as well as current information about you and the investigator handling your child's case. Please complete this form as it should appear on the child's poster in the event that one is prepared for your child's case. Completion of this form is an essential component in recovering your child as well as in the creation of a poster for your child. If you wish to add any additional descriptive information, please write your comments on the back of this report or on a separate sheet of paper. Return forms with adequate postage. If you have any questions, please call us at (808) 586-1449.

#### DESCRIPTIVE INFORMATION ABOUT YOUR CHILD

FULL NAME OF CHILD: \_\_\_\_\_

NICKNAME(S): \_\_\_\_\_ SOCIAL SECURITY NBR: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DATE MISSING: \_\_\_\_\_ AGE AT DISAPPEARANCE: \_\_\_\_\_

MISSING FROM CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

SEX: M F HEIGHT: feet inches WEIGHT (lbs): \_\_\_\_\_

RACE: <i>(check all that apply)</i>	<input type="checkbox"/>	Black	<input type="checkbox"/>	Hawaiian	<input type="checkbox"/>	Micronesian	<input type="checkbox"/>	Spanish
	<input type="checkbox"/>	Caucasian	<input type="checkbox"/>	Japanese	<input type="checkbox"/>	Native American	<input type="checkbox"/>	Tahitian
	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Korean	<input type="checkbox"/>	Puerto Rican	<input type="checkbox"/>	Tongan
	<input type="checkbox"/>	Filipino	<input type="checkbox"/>	Laotian	<input type="checkbox"/>	Portuguese	<input type="checkbox"/>	Vietnamese
	<input type="checkbox"/>	Guamanian	<input type="checkbox"/>	Mexican	<input type="checkbox"/>	Samoan	<input type="checkbox"/>	Not yet determined
	<input type="checkbox"/>	Other 1:	<input type="checkbox"/>		<input type="checkbox"/>	Other 2:	<input type="checkbox"/>	

HAIR TYPE:	<input type="checkbox"/>	Bald
	<input type="checkbox"/>	Straight
	<input type="checkbox"/>	Wavy
	<input type="checkbox"/>	Curly
	<input type="checkbox"/>	Afro
	<input type="checkbox"/>	Other:

HAIR COLOR:	<input type="checkbox"/>	Black
	<input type="checkbox"/>	Brown
	<input type="checkbox"/>	Blonde
	<input type="checkbox"/>	Gray
	<input type="checkbox"/>	White
	<input type="checkbox"/>	Other:

EYES:	<input type="checkbox"/>	Black	<input type="checkbox"/>	Green
	<input type="checkbox"/>	Lt. Brown	<input type="checkbox"/>	Gray
	<input type="checkbox"/>	Brown	<input type="checkbox"/>	Hazel
	<input type="checkbox"/>	Blue	<input type="checkbox"/>	Unknown
	<input type="checkbox"/>	Other:	<input type="checkbox"/>	

SPECIAL IDENTIFIERS (scars, marks, tattoos, piercings, etc.): \_\_\_\_\_

LAST SCHOOL ATTENDED: \_\_\_\_\_

HEALTH CONCERNS: \_\_\_\_\_ COMPLEXION: \_\_\_\_\_

TEETH: \_\_\_\_\_ BUILD: \_\_\_\_\_

*Please confirm the following information about how to reach you and your investigating officer:*

PARENT/GUARDIAN NAME: \_\_\_\_\_ SOCIAL SECURITY NBR: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

NAME *(contact in case of emergency)*: \_\_\_\_\_

RELATION: \_\_\_\_\_ PHONE NBR: \_\_\_\_\_

INVESTIGATOR/OFFICER NAME: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ PHONE NBR: \_\_\_\_\_

*The above information is accurate to the best of my knowledge.*

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

425 Queen St. / Honolulu, HI 96813 / fax (808) 587-4118

**ABDUCTOR**

**BIO INFORMATION FORM**

*PLEASE COMPLETE AND RETURN THIS FORM PROMPTLY*

Dear Parent/Guardian,

Following is a form requesting a physical description of your missing child’s abductor. Completion of this form is an essential component in the creation of a poster for your child, in the event that one is prepared. If you wish to provide additional descriptive information, please write your comments on the back of this report or on a separate sheet of paper. Any additional information provided can be very helpful in composing an accurate description of the individual. If you have any questions, call us at (808) 586-1449. Please mail forms with adequate postage as soon as possible.

**DESCRIPTIVE INFORMATION ABOUT YOUR CHILD’S ABDUCTOR**

FULL NAME OF ABDUCTOR: \_\_\_\_\_

ALIAS NAME(S)/NICKNAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ PHONE NBR(S): \_\_\_\_\_

SOCIAL SECURITY NBR: \_\_\_\_\_ ALTERNATE SS NBR: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ ALIAS DATE OF BIRTH: \_\_\_\_\_

SEX: M F HEIGHT: feet inches WEIGHT (lbs): \_\_\_\_\_

E-MAIL ADDRESS (if known): \_\_\_\_\_

CITIZENSHIP: 

U.S.A.	DUAL:	OTHER:
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RACE: <i>(check all that apply)</i>	Black	Hawaiian	Micronesian	Spanish
	Caucasian	Japanese	Native American	Tahitian
	Chinese	Korean	Puerto Rican	Tongan
	Filipino	Laotian	Portuguese	Vietnamese
	Guamanian	Mexican	Samoan	Not yet determined
	Other 1:	Other 2:		

HAIR TYPE:	Bald	HAIR COLOR:	Black	EYE COLOR:	Black	Green
	Straight		Brown		Lt. Brown	Gray
	Wavy		Blonde		Brown	Hazel
	Curly		Gray		Blue	Unknown
	Afro		White		Other:	
	Other:		Other:			

SPECIAL IDENTIFIERS (scars, marks, tattoos, piercings, etc.): \_\_\_\_\_

COMPLEXION: \_\_\_\_\_ TEETH: \_\_\_\_\_

BUILD (body type): \_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_

THE INFORMATION REGARDING THE ABDUCTOR OF THE MISSING CHILD IS CURRENT AS OF (date): \_\_\_\_\_

*The above information is accurate to the best of my knowledge.*

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**National Center for Missing & Exploited Children  
Lost, Injured, or Otherwise Missing – Checklist for Case Managers**

**Date:** \_\_\_\_\_

**If more than one child, photocopy this page and complete information for each child.**

Child's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

1. What is/has been the relationship between the child and the parent(s)? (Amicable/adversarial)

\_\_\_\_\_

2. Does the child have any drug/alcohol or other problems or dependencies? If yes, specify.

\_\_\_\_\_

3. Does the child have any noticeable physical or mental abnormalities? If yes, specify.

\_\_\_\_\_

4. Have there been any problems/tensions recently in the home or at school that may have motivated the child to leave? (Divorce, abuse, violence, illnesses, poor grades, etc.)

\_\_\_\_\_

5. Has the child ever left or been reported missing previously? If yes, when? Where did he/she go?

\_\_\_\_\_

6. Has/have the child ever expressed interest in living in another geographical area? If yes, where?

\_\_\_\_\_

7. What types of skills, hobbies or general interests does the child have? (Computer training, crafts, car repairs, sports, video arcades, etc.)

\_\_\_\_\_

8. Was the child ever employed? If yes, where and in what capacity?

\_\_\_\_\_

9. Would the child go to another member of the family or a friend? If yes, please provide name and address.

\_\_\_\_\_



**STATE OF HAWAII  
DEPARTMENT OF THE ATTORNEY GENERAL**

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**PHOTO & INFORMATION RELEASE**

Missing Child Center - Hawaii

The undersigned parent(s)/guardian of \_\_\_\_\_ hereby request(s) that any and all of the information we have provided to the Missing Child Center – Hawaii about the disappearance of the above named child be published and/or circulated by the Missing Child Center – Hawaii in whatever way the Missing Child Center – Hawaii deems appropriate. The signatures that appear below signify our unrestricted voluntary and knowing consent and approval to the use and form in which the Missing Child Center – Hawaii will use, transmit and/or distribute the information I/we have given them under this release.

I/we understand this information we have provided may be made available to the public, media, other law enforcement agencies, hospitals, social service agencies, shelters, medical examiners and/or other entities involved with missing persons. I/we further understand that any photographs we provide may be used for age-enhancement, when deemed appropriate, and that those photos may be used in newsletters and copy sheets used by both the Missing Child Center – Hawaii and it's affiliated non-profit agency, The Friends of the Missing Child Center –Hawaii, to solicit funds for its operation and subsidy. I/we understand and agree that any and all information I/we provide to the Missing Child Center – Hawaii must and will be truthful and accurate, and I/we agree to hold harmless any agency and/or department that relied on the truthfulness and accuracy of the information I/we provided to the Missing Child Center – Hawaii in using, transmitting and distributing the information that I/we provided, in whatever form it was used, transmitted and/or distributed. I/we further agree that a photostatic or facsimile copy of this authorization shall have the same effect as an original.

In addition to the authorization given to the Missing Child Center – Hawaii above, I/we (*circle one*) **DO / DO NOT** authorize use of the photographs I/we have provided to the Missing Child Center - Hawaii on the Missing Child Center – Hawaii internet website. Please PRINT using BLACK INK

**PARENT/GUARDIAN NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PARENT/GUARDIAN NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**MISSING CHILD NAME:** \_\_\_\_\_

*Last*

*First*

*Middle*

**MISSING CHILD NAME:** \_\_\_\_\_

*Last*

*First*

*Middle*