



**DEPARTMENT OF THE ATTORNEY GENERAL
Missing Child Center – Hawaii**

425 Queen St.
Honolulu, HI 96813
phone: (808) 586-1449 fax: (808) 586-1097
e-mail: hawaiimissingkids@hawaii.gov

INTAKE CHECKLIST

Dear Parent/Guardian:

Please complete the attached forms and mail them back with photo(s) of your child **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. The more information that we have about your child, the better it will be to help locate him/her. Please use the checklist below to ensure that all the necessary forms have been completed.

Please 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) 586-1097

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:

(check all that apply)

| | | | | | | | |
|--------------------------|-----------|--------------------------|----------|--------------------------|-----------------|--------------------------|--------------------|
| <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: _____

DEPARTMENT OF THE ATTORNEY GENERAL

MISSING CHILD CENTER – HAWAII

425 Queen St. / Honolulu, HI 96813 / fax (808) 586-1097

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: _____

| | | | | | | | | |
|--|--------------------------|-----------|--------------------------|----------|--------------------------|-----------------|--------------------------|--------------------|
| 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"/> | Other 2: | | | | |

| | | | | | | | | | | |
|---------------|--------------------------|----------|----------------|--------------------------|--------|---------------|--------------------------|-----------|--------------------------|---------|
| HAIR TYPE: | <input type="checkbox"/> | Bald | HAIR COLOR: | <input type="checkbox"/> | Black | EYE COLOR: | <input type="checkbox"/> | Black | <input type="checkbox"/> | Green |
| | <input type="checkbox"/> | Straight | | <input type="checkbox"/> | Brown | | <input type="checkbox"/> | Lt. Brown | <input type="checkbox"/> | Gray |
| | <input type="checkbox"/> | Wavy | | <input type="checkbox"/> | Blonde | | <input type="checkbox"/> | Brown | <input type="checkbox"/> | Hazel |
| | <input type="checkbox"/> | Curly | | <input type="checkbox"/> | Gray | | <input type="checkbox"/> | Blue | <input type="checkbox"/> | Unknown |
| | <input type="checkbox"/> | Afro | | <input type="checkbox"/> | White | | <input type="checkbox"/> | Other: | | |
| | <input type="checkbox"/> | Other: | | <input type="checkbox"/> | 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: _____

Missing Child Center-Hawaii Non Family Abduction

Checklist

Date:

Child's Full Name: _____ Nickname: _____

1. Are you (the parent) aware of any report or incidents prior to the abduction, that may have involved friends, acquaintances, neighbors, or strangers, with relation to your child or other children in the area? If yes, describe.

2. Are you (the parent) aware of any new people in the area?
- A. New neighbors
 - B. New friends/acquaintances
 - C. Boyfriends or girlfriends within the family
 - D. Relatives within the household

3. Has there been, or are you aware of any noticeable changes in child's attitudes or demeanor towards adults? If so, what changes?

4. Describe the child's personality. (independent/dependent, introverted/extroverted, trusting/mistrusting, easily manipulated/not easily manipulated).

5. If approached by a stranger, what method of getting child's attention would be most effective?

A. Strong, forceful, authoritative (I.e., Come with me! / Get over here, I need some help! / Let's go!

-OR-

B. Friendly, playful, helpful (i.e. Can you help me find my lost dog? / I'm lost, can you show me where _____ is? / Want to see what I have in my car?

5. Are there any new people in your child's life? (Teachers, new acquaintances, coaches, scout leaders, babysitters, day car operator, etc.)

7. Was child with another person/s at the time of their disappearance? If yes, specify whom.

8. What was the location of the abduction? (Home, yard, playground, school, street)

9. What was the time of day the abduction took place?

10. Was a vehicle used? If yes, describe/identify.

11. Would you describe your child's appearance as young, old, or just right for his/her age?

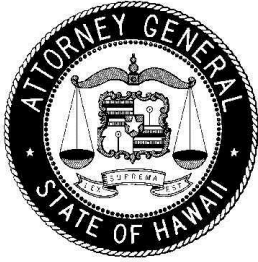
12. Does the child take or need prescription medication? If yes, specify.

13. Does the child have any drug/alcohol dependencies? If yes, specify.

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

15. (If appropriate by age) Has your child ever become absent from household on prior occasions? If so, specify.

16. Describe (in detail) the last 48 hours of child's activities or movements prior to abduction.



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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 photo static 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