

Criteria for Entry into the Utah Missing Persons Bulletin

The following guidelines must be met before information on a missing or unidentified deceased/living person can be entered into the Utah Missing Person Clearinghouse Bulletin/Web Site.

MISSING PERSON (Information on a Utah missing person or a person missing from another state but believed to be in Utah.)

1. The parent, spouse or guardian must contact a law enforcement agency and file a missing person report. The missing person must be entered into the National Crime Information Center (NCIC) files by the law enforcement agency.
2. A "Missing Persons Clearinghouse Report Form" must be signed, completed and returned to the Utah Missing Person Clearinghouse, Department of Public Safety, 4315 S 2700 W, Suite 1300, Taylorsville, UT 84129. Forms can be obtained from the Clearinghouse.
3. A current original photograph (color preferred) must be received by the Utah Missing Person Clearinghouse. (Note: Do not write on the back of the photo.)
4. All information must be approved by the law enforcement agency receiving the initial missing person report.
5. The Utah Missing Person Clearinghouse personnel will obtain permission to publish a law enforcement phone number to contact in the event the person is located, or possible sighting information is received by the Utah Missing Person Clearinghouse.
6. In cases of parental abductions, a copy of the court-certified custody order stating that the reporting parent has custody must be received by the Utah Missing Person Clearinghouse. (Note: If it is requested that the non-custodial parent=s photograph be included in the bulletin, an active felony warrant must be present in National Crime Information Center (NCIC) prior to publication of the photograph). Confirmation by the investigating officer must be obtained.
7. The parent, spouse, guardian or investigating officer must notify the Utah Missing Person Clearinghouse immediately of the location or return of the missing person.

UTAH MISSING PERSON CLEARINGHOUSE REPORT FORM/WAIVER

Be very specific, the more accurate and complete the information, the better the chances of identification.

MISSING PERSON						
NAME: (LAST, First, Middle)				ALIAS/NICKNAMES:		
SEX:	RACE:	PLACE OF BIRTH: (City, State, County)			DATE OF BIRTH:	AGE:
HEIGHT:	WEIGHT:	HAIR COLOR:	EYE COLOR:	BUILD:	DRIVERS LICENSE NUMBER:	
SOCIAL SECURITY NUMBER:		HAIR LENGTH:	HAIR STYLE:	COMPLEXION:		
UNIQUE CHARACTERISTICS (Scars, Limp, Tattoos, Jewelry, Glasses, Etc.)						
DENTAL RECORDS AVAILABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO		MEDICAL RECORDS AVAILABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO		FINGERPRINTS AVAILABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO		BLOOD TYPE:
MEDICAL PROBLEMS? <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE OF PROBLEM:						
PRESCRIPTIONS:				MENTAL STATE (Depressed, Suicidal, etc.)		
LOCATION LAST SEEN (Include City, State):			DATE/TIME OF LAST CONTACT:	POSSIBLE DESTINATION (City, State)		
LAST SEEN WEARING:						
HOBBIES AND INTERESTS(Dancing, Swimming, Surfing, Fishing, etc.)			ASSOCIATIONS & HANGOUTS (Country Bars, Video Arcades, Bowling Alleys, Skating Rinks, etc.):			
INCIDENT TYPE: <input type="checkbox"/> RUNAWAY <input type="checkbox"/> PARENTAL ABDUCTION <input type="checkbox"/> ENDANGERED <input type="checkbox"/> INVOLUNTARY <input type="checkbox"/> DISABLED <input type="checkbox"/> DISASTER VICTIM <input type="checkbox"/> UNKNOWN						
SUSPECT INFORMATION						
IN COMPANY OF: <input type="checkbox"/> NON CUSTODIAL PARENT <input type="checkbox"/> ABDUCTOR <input type="checkbox"/> FRIEND			NAME: (LAST, First, Middle)			
ALIAS/MAIDEN NAME:			SEX:	RACE:	PLACE OF BIRTH:	DATE OF BIRTH:
LAST KNOWN ADDRESS (Street, City, State, Zip)				PHONE:	AGE:	
HEIGHT:	WEIGHT:	HAIR COLOR:	EYE COLOR:	SOCIAL SECURITY NUMBER:		
DRIVERS LICENSE NUMBER (Include state):			OCCUPATION:			
UNIQUE CHARACTERISTICS (Scars, Limp, Tattoos, Jewelry, Glasses, Etc.)						
VEHICLE						
MAKE:	MODEL:	VEHICLE YEAR:	TYPE/STYLE:	COLOR:	LICENSE NUMBER:	LICENSE YEAR OF EXPIRATION:
LICENSE STATE:	DESCRIPTION (Other identifying characteristics, noticeable damage, accessories, VIN):					
PARENT / GUARDIAN / SPOUSE						
PARENT/GUARDIAN/SPOUSE NAME; (LAST, First, Middle)					RELATIONSHIP:	
STREET ADDRESS:					PHONE (Home & Work):	
NOTE TO PARENT/GUARDIAN/SPOUSE CAREFULLY READ AND SIGN STATEMENT ON THIS FORM!						

AGENCY INFORMATION

LOCAL AGENCY HANDLING CASE:	LOCAL AGENCY CASE NUMBER:
STREET ADDRESS:	CITY/STATE/ZIP:
INVESTIGATING OFFICER-S NAME:	PHONE NUMBER:

OTHER INFORMATION

OTHER PERTINENT INFORMATION (Attach additional sheets, if needed, include any information regarding person's disappearance that may assist in the recovery of the person. If the person has been missing before, indicate where and how recovered)

INSTRUCTIONS

<p>IMPORTANT INSTRUCTIONS</p> <p>The completed Report Form should be signed by the parent/guardian/spouse and mailed along with the applicable enclosures to:</p> <p>Department of Public Safety Utah Missing Person Clearinghouse 4315 S 2700 W, Suite 1300 Taylorsville, Utah 84129</p> <p>Toll Free Hotline: (888) 770-6477 or (801) 281-5075</p>	<p>APPLICABLE ENCLOSURES</p> <p>Current photograph of the missing person.</p> <p>In cases of parental abductions, a copy of the court-certified custody 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 the court-certified active felony warrant, which is presently in NCIC must be made available to Utah Missing Person Clearinghouse prior to publication of the photograph.)</p>
---	--

The undersigned _____ of _____
(Print name and relationship: parent, spouse, legal guardian, etc.) (Print name of the missing person)

hereby requests that his/her name, age, description, photograph (enclosed), and circumstances surrounding his/her missing status be published and circulated by any method subscribed to by the investigating agency or the Utah Department of Public Safety, Missing Person Clearinghouse, which includes, but is not limited to, dissemination to the public, other law enforcement agencies, hospitals, social services, children-s shelters, medical examiners and/or other agencies involved with missing persons.

It is further understood and agreed that any and all information supplied by me shall be truthful, and I agree to hold harmless the Utah Department of Public Safety for any errors of omission or commission occasioned by misinformation I may supply.

I agree to hold harmless any agency or department using transmitting, or distributing this information for any errors whatsoever occasioned by misinformation I may supply and to indemnify the Utah Department of Public Safety, all law enforcement agencies, or other organization-s individuals, and contacts or sources of information, and undertake to hold harmless said entities from and against all legal liabilities, including defendants- cost for suits, claims, actions or damages that the reported missing person might prosecute against them.

I agree to notify the Utah Missing Person Clearinghouse and the investigating agency of any updated, new or additional information concerning, the missing person and/or his whereabouts and of any changes in my address or telephone number. I further agree that a photostatic copy of this authorization has the same effect as the original.

X _____ X _____ X _____
(Printed name of Parent/Guardian/Spouse) (Signature of Parent/Guardian/Spouse) (Date)

THIS BOX FOR THE USE OF THE UTAH MISSING PERSON CLEARINGHOUSE

DATE RECEIVED:	DATE CONFIRMED:	NIC NUMBER:	WEB PAGE UPDATED:	VERIFIED WITH AGENCY:	DATE CLEARED:	MISSING PERSON PACKET FILLED OUT: