



# JUVENILE RUNAWAY FORM

137 Cuitan Street, Taholah, Washington 98587

Clay Butler, Chief of Police

Date:		Time:	Unit Assigned:	Case #
Juvenile considered endangered? Y <input type="checkbox"/> N <input type="checkbox"/>			If yes, why?	
Last Name:		First:	Middle Name:	
Address:		City:	State:	Zip Code:
Date of Birth:	Sex:	Race:	Photo: Y <input type="checkbox"/> N <input type="checkbox"/>	Social Security Number:
Height:	Weight:	Eyes:	Hair: (color, length, style)	
Identifiable Characteristics: (scars, marks, tattoos, glasses, braces, body piercing, medical conditions)				
Parent/Guardian Name:		Home Phone:	Work Phone:	
Address:			Relationship:	
Date of Last Contact:		Time: A.M. / P.M.		
Remarks: (clothing/destination/companions/nicknames/cautions/vehicle information, etc.)				
School:		Grade:	If Employed, Where?	
Previous runaway:		Y <input type="checkbox"/> N <input type="checkbox"/>	No. of times?	
On supervision?		Y <input type="checkbox"/> N <input type="checkbox"/>	To whom?	
Contact Intake:		Y <input type="checkbox"/> N <input type="checkbox"/>		
Amber Alert System Initiated?		Y <input type="checkbox"/> N <input type="checkbox"/> (If yes, complete Amber Alert forms)		
Complainant's Last Name:		First:	M.I.	Date of Birth:
Address:		Home Phone:	Work Phone:	

**Authorization:** I hereby acknowledge that I have made reasonable attempts to locate \_\_\_\_\_ . I am not aware where the juvenile is and request law enforcement assistance in locating the above-named juvenile. I further acknowledge this juvenile is in my custodial care and authorize his/her information be placed in the NCIC/CIB national computer network to aide in apprehension.

Signature \_\_\_\_\_ Relation to Juvenile \_\_\_\_\_

ENTERED NCIC/CIB \_\_\_\_\_  
 Date \_\_\_\_\_ Time \_\_\_\_\_ Opr No \_\_\_\_\_  
 CANCELLED NCIC/CIB \_\_\_\_\_  
 Date \_\_\_\_\_ Time \_\_\_\_\_ Opr No \_\_\_\_\_