**Immediately or within 24 hours: send completed form to:** **missingrecovery@pfsf.org** **and submit this form for ImageNow filing, enter a Runaway Episode Information note in FSFN and attach this form to the note and enter an Efforts to Locate note in FSFN.**

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| **Child Information** |
| **FSFN Case Name** | Click here to enter text. |
| Case Type | [ ]  Judicial [ ]  Non-Judicial |
| Placement/Living Arrangement type | [ ]  Out of Home [ ]  In Home  |
| **CPI / PSF FCC name/ Unit #/ Phone #** | Click here to enter text. |
| Region & Circuit | Choose an item. |
| Case Type (i.e. runaway, absconded, etc.) | Click here to enter text. |
| First Name | Click here to enter text. |
| Middle Name | Click here to enter text. |
| Last Name | Click here to enter text. |
| Nick Name | Click here to enter text. |
| Sex | Choose an item. |
| DOB | Click here to enter a date. |
| **Missing From Time** | Choose an item. |
| **Missing From Date** | Click here to enter a date. |
| **Date Caregiver Reported Child Missing to CPI/ FCC** | Click here to enter a date. |
| **Time Caregiver Reported Child Missing to CPI/FCC*****Within the 4 hours of attempting to locate the child prior to contacting law enforcement (if child is under age 11 or high risk contact law enforcement & worker immediately)*** | Choose an item. |
| **Please select relevant efforts caregiver or worker made to locate the child** **(*Also document this information in FSFN – Attempts to Locate note tab)*** | Select all that apply: [ ]  friends [ ]  neighbors[ ]  school [ ]  employer [ ]  relatives[ ]  other: Click here to enter text. (explain “other” in FSFN note) |
| **Please select relevant notifications made by the CPI /FCC to the following persons/agency that the child is missing****(*Also document this information in FSFN – Attempts to Locate note tab)*** | Select all that apply:[ ]  agency: Click here to enter text.(explain “agency” in FSFN note) [ ]  parents (include details of parental contact in the \*\* Parental Notification \*\* section below)[ ]  relatives [ ]  therapist [ ]  law enforcement[ ]  GAL [ ]  CLS (Children’s Legal Services) [ ]  other Click here to enter text. (explain “other” in FSFN note) |
| **Date Caregiver or Worker notified Law Enforcement** | Click here to enter a date. |
| Missing From City | Click here to enter text. |
| Missing From State | Click here to enter text. |
| Missing From Country | Click here to enter text. |
| Missing From Location | Choose an item. Click here to enter text. |
| Missing From Address | Click here to enter text. |
| Home Phone # | Click here to enter text. |
| Social Security # (xxx-xx-xxx) | Click here to enter text. |
| Race | Choose an item. Click here to enter text. |
| Height  | Click here to enter text. |
| Weight (lbs) | Click here to enter text. |
| Teeth (identifying characteristics) | Choose an item. Click here to enter text. |
| Complexion | Choose an item. Click here to enter text. |
| Scars / Marks | Click here to enter text. |
| Description of Marks | Click here to enter text. |
| Build | Choose an item. |
| Eye Color | Choose an item. |
| Hair Color | Choose an item. Click here to enter text.  |
| Alias First Name | Click here to enter text. |
| Alias Middle Name | Click here to enter text. |
| Alias Last Name | Click here to enter text. |
| Has Runaway Before | Choose an item. |
| Medical/Psychological Condition | Choose an item. |
| Medical Condition Life Threatening | Choose an item. |
| On Medications (type) | Choose an item. Click here to enter text. |
| Drug or Alcohol Use | Choose an item. |
| Suicidal | Choose an item. |
| With Someone Who Might Harm | Choose an item. |
| Has Weapons | Choose an item. |
| Involved in Gangs | Choose an item. |
| Involved in Prostitution/Human Trafficking | Choose an item. |
| Internet Related | Choose an item. |

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| **Human Trafficking Indicators** |

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| [ ]  Yes [ ]  No | Youth’s acknowledgement of being trafficked. |
| [ ]  Current [ ]  Historical |  |

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| [ ]  Yes [ ]  No | Report of human trafficking by parent/guardian, law enforcement, medical or service  |
| [ ]  Current [ ]  Historical | provider, teacher, child protective services, and/or juvenile probation officer. |

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| [ ]  Yes [ ]  No | History of running away or getting kicked-out 4+ times.  |
| [ ]  Current [ ]  Historical | *The definition of running away or getting kicked out of home includes times the youth did not voluntarily return within 24 hours as well as episodes not reported by or to law enforcement.* |

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| [ ]  Yes [ ]  No | Child is 12 years or older and has a history of allegations of sexual abuse (with or without  |
| [ ]  Current [ ]  Historical | findings) or a disclosure of sexual abuse by the child. |

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| [ ]  Yes [ ]  No | Current incident or history of inappropriate sexual behaviors (not limited to prostitution) |
| [ ]  Current [ ]  Historical | or sexually suggestive activity on social media websites/chat apps. |

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| [ ]  Yes [ ]  No | Child known to associate with confirmed or suspected CSEC youth. |
| [ ]  Current [ ]  Historical |  |

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| [ ]  Yes [ ]  No | Child recovered from runaway episode in a hotel or known area of prostitution. |
| [ ]  Current [ ]  Historical |  |

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| [ ]  Yes [ ]  No | Child has no knowledge about the community he/she is located in. |
| [ ]  Current [ ]  Historical |  |

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| [ ]  Yes [ ]  No | Child not allowed or unable to speak for him/herself and may be extremely fearful. |
| [ ]  Current [ ]  Historical |  |

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| [ ]  Yes [ ]  No | Child has no personal items or possessions (includes identification documents if foreign born) |
| [ ]  Current [ ]  Historical |  |

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| [ ]  Yes [ ]  No | Child appears to have material items that he/she cannot afford (cell phones, etc.)  |
| [ ]  Current [ ]  Historical |  |

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| [ ]  Yes [ ]  No | Shows signs of being groomed (hair done, nails done, new clothes that child cannot afford |
| [ ]  Current [ ]  Historical | or justify how they were paid for). |

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| [ ]  Yes [ ]  No | Suspicious tattoos or other signs of branding (tattoos of names, dollar signs, diamonds,  |
| [ ]  Current [ ]  Historical | stars – may also have designs/logos on nails or jewelry). |

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| [ ]  Yes [ ]  No | Associates and/or has relationships with age-inappropriate friends, boyfriends/girlfriends. |
| [ ]  Current [ ]  Historical |  |

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| Explain indicators marked: Click here to enter text. |

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| **Caller (CPI / PSF Worker) Information ONLY!** |
| Date of Call | Click here to enter text. |
| Agency | Click here to enter text. |
| Relationship | Click here to enter text. |
| First Name | Click here to enter text. |
| Last Name | Click here to enter text. |
| Sex | Choose an item. |
| Address | Click here to enter text. |
| City | Click here to enter text. |
| State | Click here to enter text. |
| Zip | Click here to enter text. |
| Work Phone | Click here to enter text. |
| Work Extension | Click here to enter text. |
| CPI/ PSF Cell Phone | Click here to enter text. |
| Beeper | Click here to enter text. |
| Fax Number | Click here to enter text. |
| Email Address | Click here to enter text. |

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| **Law Enforcement Agency** |
| Report Number [Oca Number] ***Request from law enforcement & Must Enter*** | Click here to enter text. |
| Date Law Enforcement was notified | Choose an item. |
| Assigned Officer | Click here to enter text. |
| Department | Click here to enter text. |

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| **\*\*Parent Notification\*\*** |
| Mother’s NameClick here to enter text. | Date Contacted: Choose an item. | Type of Contact: Choose an item. | Contact Completed: Choose an item. | If not completed describe all efforts to contact mother or why contact was not needed (i.e. TPR): Click here to enter text. |
| Father’s NameClick here to enter text. | Date Contacted: Choose an item. | Type of Contact: Choose an item. | Contact Completed: Choose an item. | If not completed describe all efforts to contact mother or why contact was not needed (i.e. TPR): Click here to enter text. |

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| **Brief Narrative (Please document all efforts to locate in FSFN)****Narrative must explain the following: Where did child run from? What direction are/were they traveling in? What were they last seen wearing? Where were they last recovered from?** |
| Click here to enter text. |

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| **Companion/Abductor** |
| Companion Type | Click here to enter text. |
| Relationship | Click here to enter text. |
| Last Name | Click here to enter text. |
| First Name | Click here to enter text. |
| Middle Name | Click here to enter text. |
| Sex | Choose an item. |
| DOB | Click here to enter a date. |
| SSN | Click here to enter text. |
| Race | Choose an item. |
| Eye Color | Choose an item.  |
| Height | Click here to enter text. |
| Weight | Click here to enter text. |
| Teeth | Choose an item. Click here to enter text. |
| Complexion | Choose an item. Click here to enter text. |
| Scars / Marks | Click here to enter text. |
| Marks Description | Click here to enter text. |
| Build | Choose an item. |
| Hair Color | Choose an item. Click here to enter text.  |
| Alias First Name | Click here to enter text. |
| Alias Last Name | Click here to enter text. |
| Perceived Age | Click here to enter text. |
| Local Warrant Number | Click here to enter text. |
| Local Warrant On File | Click here to enter text. |
| Local Warrant Date | Click here to enter a date. |
| Local Warrant Type | Click here to enter text. |
| Ufap Warrant Number | Click here to enter text. |
| Ufap Warrant on File | Click here to enter text. |
| Ufap Warrant Date | Click here to enter a date. |