



DEPARTMENT OF THE ATTORNEY GENERAL

Missing Child Center – Hawaii

425 Queen St.

Honolulu, HI 96813

phone: (808) 586-1449 fax: (808) 586-1424

e-mail: hawaiimissingkids@hawaii.gov

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.

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MISSING CHILD CENTER – HAWAII

425 Queen St. / Honolulu, HI 96813 / fax (808) 586-1424

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 / phone (808) 586-1449 / fax (808) 586-1424

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:

<input type="checkbox"/> U.S.A.	<input type="checkbox"/> DUAL:	<input type="checkbox"/> OTHER:
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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"/> Other 2:		

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:

EYE
COLOR:

<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:	

SPECIAL IDENTIFIERS (scars, marks, tattoos, piercing, 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
Family Abduction - 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. Does the child have any noticeable physical or mental abnormalities or medical conditions? If yes, specify.

2. If child is school age, what was the last grade enrolled in? _____

3. Did the child participate in after school activities? If yes, what?

4. What is the child's personality? (friendly, outgoing, withdrawn, shy)

5. What are the child's general interests? Please be specific (sports, hobbies, music, reading, etc.)

6. How well does the child get along with the abductor?

ABOUT RELATIONSHIP/ABDUCTION

1. What was/is the relationship between parents? (Adversarial/amicable)

2. What was the motivation for abduction?

3. Was there a custody battle over the child(ren)? (Pending?)

9. What types of skills, hobbies, or general interests does the abductor have? (Computer training, crafts, painting, hunting, fishing, sports, etc.)

10. What was the last job held by the abductor? (Homemaker, office worker, white collar, blue collar, etc.)

11. Has the abductor displayed any deviant/bizarre behavior? (Cross dressing, sexual abuse of child(ren), S/M acts, etc.)

12. What type of self-image does the abductor have? (Introvert/extrovert, timid/aggressive, strong/weak, etc.)

13. What type of vehicle does the abductor drive? What type of vehicle would the abductor like to drive or feel comfortable driving?

14. How does the abductor get along with the child(ren)?

15. What are the abductor's religious beliefs?

16. Would the abductor continue to practice his/her religious beliefs while on the run?

17. Does the abductor have a prior criminal history? If yes, what offenses and locations?

18. What are the career/life goals of the abductor?

19. What are the abductor's strengths and weaknesses? (Punctuality/tardiness, hard worker/lazy, neat/sloppy, etc.)

20. Is the abductor the type of individual who would stand out in a crowd or blend in?

21. What are the abductor's financial resources? Methods of payment? (Cash, credit cards, checks, loans, etc.)

22. Are there any other individuals traveling with the abductor and child(ren)? New spouse with children from a previous relationship? If yes, please provide as much information as possible. (Name, DOB or approximate age, description, occupation, etc.)

LAW ENFORCEMENT

Date of most recent contact with Officer/Agent working the case. _____

What was the last viable lead that was investigated on this case?

What are the investigator's thoughts or opinions about the case?

Additional comments or observations from searching parent:



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

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Honolulu, HI 96813
Phone: (808) 586-1449 fax: (808) 586-1424
e-mail: hawaiimissingkids@hawaii.gov

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



MISSING CHILD CENTER—HAWAII

Department of the Attorney General

425 Queen Street

Honolulu, HI 96813

Oahu: (808) 586-1449 Fax: (808) 586-1424

After Hours Hotline: (808) 753-9797

Hawaii: 974-4000, ext. 61449

Kauai: 274-3141, ext. 61449

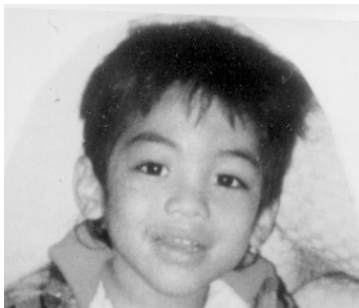
Maui: 984-2400, ext. 61449

Molokai: 1 (800) 468-4644, ext. 61449

SENDING PHOTOS BY E-MAIL

- ⊗ Image must be in an IBM compatible format
- ⊗ Scan all photos as COLOR
- ⊗ Crop photos to HEAD and SHOULDERS ONLY
- ⊗ **CROPPED IMAGE OF HEAD AND SHOULDERS MUST BE 400(w) x 500(h) PIXELS OR LARGER**
- ⊗ Image may be in any of the following formats: .jpg, .tif, .gif or .bmp (.jpg is preferred)
- ⊗ Send attached image to hawaiimissingkids@hawaii.gov. Be sure to include the child's name and/or NCMEC case number

400 pixels (width)



500 pixels (height)

head & shoulders

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Return all forms to:

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Department of the Attorney General
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Honolulu, HI 96813