

ATTACHMENT A



CASE NUMBER _____

ORLANDO POLICE DEPARTMENT
MISSING PERSON AFFIDAVIT

I, the undersigned, swear or affirm the following person is missing from (location) _____
_____ on the _____ day of _____ month ____ year.

The person is described as follows:

Race _____ DOB _____ Sex _____ Ht. _____ Wt. _____ Hair _____ Eyes _____

Remarks (scars, tattoos, piercings, etc.) _____

If person is a juvenile, this section must be completed.

Name (First) _____ (Middle) _____ (Last) _____ (Suffix) _____

Aliases and/or Nicknames _____

Social Security # _____ Driver's License # _____

Child/Juvenile Birth Information: City _____ County _____ State _____

Last Seen Wearing _____

Name of Current School _____ Employer's Name/Address _____

CURRENT Home Address _____ CURRENT Home Phone _____

Guardian's Name, Address & All Phone Numbers _____

Mother's Name, Address & All Phone Numbers _____

Father's Name, Address & All Phone Numbers _____

I, _____ am the parent, legal guardian, custodian, or am otherwise authorized to report _____, a minor child/juvenile/adult to the Orlando Police Department as missing. I hereby authorize the Orlando Police Department, its officers and employees, in the conduct of their investigation, to release, publish and distribute photographs, and other information about this missing person to other law enforcement agencies, the media, public and private missing persons organizations, and any other person, agency, or group.

I further swear or affirm I do not know the whereabouts of _____ and that I am authorized to report this person as missing, as the parent, guardian, custodian, or otherwise authorized reporter.

I understand that giving false information to a law enforcement agency is a violation of City Code Chapter 43.16 for which I may be subject to prosecution.

Signed _____

Witness _____

Attach to Incident Report

Attachment A (continued)

CASE NUMBER: _____

**ORLANDO POLICE DEPARTMENT
MISSING CHILD/JUVENILE CHECKLIST**

Number of Prior Runaways:

_____ Reported to Police

_____ Not Reported to Police

List any Changes in Juvenile's Behavior, Friends, School Work, etc.

List of Hangouts (malls, specific areas of town, etc.) / Hobbies (e.g. surfing, skateboarding, etc.)

- 1. _____
- 2. _____
- 3. _____

List of Friends, Relatives, or Associates (Name/Address/Phone Number)

- 1. _____
- 2. _____
- 3. _____

Other Possible Leads _____

Name & Phone # of Probation Officer (if applicable) _____	Notified? Yes / No
Arrest History _____	Any Warrants _____
Name & Phone # of D.C.F. Caseworker (if applicable) _____	Notified? Yes / No

OFFICER'S SIGNATURE/EMPLOYEE #

DATE