

CRITICALLY MISSING ADULT (CMA)
ALERT

REQUEST FORM

Virginia "ABDUCTED ADULT Alert" Form

ABDUCTION INFORMATION

Date Abducted: _____ Time Abducted: _____
(mm/dd/yy) (hh:mm)

Location of Abduction: _____
(Description)

Direction of Travel/Destination: _____
(City, State, Subdivision)

Vehicle _____ Description:

(Make, Model, Year, Color, License Plate Number and State of Issue)

ADULT INFORMATION (Complete an additional page for each adult abducted)

Name: _____
(Last, First, MI)

Gender: _____ DOB: _____ Race: _____
(Male/Female) (mm/dd/yy or Approx. Year) (Include all Types)

Height: _____ Weight: _____ Hair: _____ Eyes: _____
(Feet/Inches) (lbs.) (Style and Color) (Color)

Clothing:

Shirt: _____
(Type, Long or Short Sleeve, Color)

Pants: _____
(Type and Color)

Shoes: _____
(Type and Color)

Other: _____
(Type and Color)

Outerwear: _____
(Type and Color)

Additional Significant Identifiers: _____

OBTAIN A PHOTOGRAPH OF THE ADULT, AND E-MAIL TO THE VIRGINIA MISSING PERSONS INFORMATION CLEARINGHOUSE Vamissing@vsp.virginia.gov.

Details: _____

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ABDUCTOR INFORMATION (Complete an additional page for each additional abductor)

Name:

_____ (Last, First, MI)

Gender: _____ DOB: _____ Race: _____
(Male/Female) (mm/dd/yy or Approx. Year) (Include all Types)

Height: _____ Weight: _____ Hair: _____ Eyes: _____
(Feet/Inches) (lbs.) (Style and Color) (Color)

Clothing:

Shirt: _____
(Type, Long or Short Sleeve, Color)

Pants: _____
(Type and Color)

Shoes: _____
(Type and Color)

Other: _____
(Type and Color)

Outerwear: _____
(Type and Color)

Additional Significant Identifiers: _____

Details: _____

CONTACT ORGANIZATION:

Sheriff's Office or Police Department: _____

Contact Person: _____

Telephone Number: _____ Facsimile Number: _____

Pager Number: _____ Cellular Telephone Number: _____

Date and Time Submitted: _____

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AUTHORIZATION FOR RELEASE OF MISSING ADULT INFORMATION

For a period of one year from the execution of this form, the undersigned authorizes full disclosure of all records concerning the missing adult to any agent of the state of Virginia, Virginia State Police, or any individual or entity assigned by the Virginia State Police, whether the records are of a public, private, internal, or confidential nature, I direct the release of such information regardless of any agreement I may have made to the contrary with any entity or individual to whom the missing adult's information is released or presented. The intent of this authorization is to give my consent for full and complete disclosure of potentially confidential information. Additionally, I understand the duty of the Virginia State Police to release any information to the proper authorities and make other reports as may be mandated by law. I also certify that any person(s) who may furnish such information concerning the missing adult shall not be held accountable for giving this information, and I do hereby release such person(s) from any and all liability which may be incurred as a result of furnishing such information. If further release the Virginia State Police, Virginia Broadcasters Association and its agents, and designees under this release, from any and all liability which may be incurred as a result of furnishing such information. A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature. I have read and fully understand the contents of the "Authorization for Release of Information."

PLEASE PRINT OR TYPE:

Last Name, First Name, Middle Initial

Current Address, House Number/Box Number Street Name/Rural Route, City, State, Zip Code

Signature: _____

LIABILITY AGREEMENT:

I hereby agree the information I have provided to you acting as an agent of the state of Virginia, Virginia State Police, Virginia Broadcasters Association or any individual or entity assigned by the Virginia State Police, to be truthful, factual, and correct. As the parent/legal custodian, I am aware that in order for the Virginia State Police to activate the Virginia "ABDUCTED ADULT Alert," the following criteria must be met:

1. The adult is 17 years of age or younger, and
2. The parent/legal custodian **must reasonably believe** the adult **is in danger** of serious bodily harm or death.

I am also aware I may be charged criminally for committing the crime of knowingly providing false information to law enforcement authorities. I have read and fully understand the contents of this "Liability Agreement."

PLEASE PRINT OR TYPE:

Last Name, First Name, Middle Initial

Current Address, House Number/Box Number Street Name/Rural Route, City, State, Zip Code

Signature: _____

Virginia “ABDUCTED ADULT Alert” Activation Fax Form

The enclosed fax is a request for activation of the Virginia “ABDUCTED ADULT Alert.” It includes the standard activation text.

There are (*number*) _____ pages, including this cover sheet.

The originating agency is (*Agency*) _____.

The activating officer is (*Name and Title*) _____.

UNLESS TERMINATED EARLIER, THIS ALERT WILL AUTOMATICALLY END AT _____.
(12 hours from current time.)

If there are any problems with or questions about the contents of this fax, call

(*name*) _____, at (*phone*) _____.