

# Virginia “CRITICALLY MISSING 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](mailto:Vamissing@vsp.virginia.gov).*

Details: \_\_\_\_\_

# Virginia "CRITICALLY MISSING ADULT Alert" Form

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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:** \_\_\_\_\_

# Virginia “CRITICALLY MISSING ADULT Alert” Form

## 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 Commonwealth 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. I 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 Missing Adult 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 Commonwealth 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 next of kin custodian, I am aware that in order for the Virginia State Police to activate the Virginia “CRITICALLY MISSING ADULT Alert,” the following criteria must be met:

1. The adult is 18 years of age or older,
2. The investigating agency believes the missing adult has been ***abducted***, and
3. The investigating agency believes the adult ***is in danger*** of serious bodily harm or death.

I am also aware I may be charged criminally for 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 “CRITICALLY MISSING ADULT Alert” Activation Fax Form

The enclosed fax is a request for activation of the Virginia “CRITICALLY MISSING 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*) \_\_\_\_\_.