

## "JUST THE FACTS"



## JUST IN CASE



In partnership with  
The Center for **HOPE**

**This booklet was designed for use by adults, especially college students.** Time is of the essence when a person disappears. When the information contained in this booklet is provided to police by a family member or trusted friend, prompt and accurate completion of a missing person report is ensured. In turn, police are able to commence well informed investigative action, including entry of information into a computer network which extends across the United States and Canada.

*Place a recent photo here  
(head and shoulders only.)*

### *How to Use this Booklet*

- Answer all the questions as completely and accurately as possible.
- Remember to periodically review and update information. Photos should be updated annually; head-and-shoulder photos are best.
- Inclusion of fingerprints and/or a DNA sample is optional.
- Once completed, the booklet should be given to a family member or trusted friend for safekeeping. If not, it should be kept in a secure place where it can be easily retrieved by a family member or trusted friend.

Completed By/Date

# "Facts"

Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Nickname, Maiden or Other Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender :  - (M) Male  - (F) Female

Citizenship: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Place of Birth: (Municipality/State/Country) \_\_\_\_\_

### Primary/Permanent Residence

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip Code: \_\_\_\_\_

### Other Residence (i.e., temporary college address, Post Office Box)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip Code: \_\_\_\_\_

### Telephone Numbers

Home: \_\_\_\_\_ Business: \_\_\_\_\_

Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

E-mail Address(es) Used (Personal and Professional): \_\_\_\_\_

Internet Service Provider(s) Used: \_\_\_\_\_

Race  - (B) Black  - (W) White  - (I) American Indian/Alaskan Native  
 - (A) Asian/Pacific Islander  - (U) Unknown

Height (HGT) \_\_\_\_\_ Ft/in Weight (WGT) \_\_\_\_\_ Lbs

### Eye Color (EYE)

- (BLK) Black

- (BLU) Blue

- (BRO) Brown

- (GRY) Gray

- (GRN) Green

- (HAZ) Hazel

- (MAR) Maroon

- (MUL) Multicolor

- (PNK) Pink

- (XXX) Unknown

### Hair Color (HAI)

- (BLK) Black

- (BLN) Blond/Strawberry

- (BRO) Brown

- (GRY) Gray

- (RED) Red/Auburn

- (SDY) Sandy

- (WHI) White

- (GRN) Green

- (ONG) Orange

- (PLE) Purple

- (PNK) Pink

- (BLU) Blue

- (XXX) Bald or Unknown

### Skin Complexion (SKN)

- (DRK) Dark

- (MED) Medium

- (LGT) Light

- (YEL) Yellow

- (RUD) Ruddy

### Blood Type (BLT)

- (APOS) A Positive

- (ABPOS) AB Positive

- (BPOS) B Positive

- (OPOS) O Positive

- (UNKWN) Unknown

- (ANEG) A Negative

- (ABNEG) AB Negative

- (BNEG) B Negative

- (ONEG) O Negative

- (AUNK) A/RH Unknown

- (ABUNK) AB/RH Unknown

- (BUNK) B/RH Unknown

- (OUNK) O/RH Unknown

### Glasses (SMT/GLASSES)

- (Y) Yes

- (N) No

### Contact Lenses (SMT/CON LENSES)

- (Y) Yes

- (N) No

Scars, Marks, Tattoos or Medical Conditions (SMT) - Describe and include location of all scars, marks, tattoos and piercings. Also, list by name all medical conditions and required medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe Commonly Worn Jewelry (JWT) and Location on Body Where Worn (JWL):

\_\_\_\_\_  
\_\_\_\_\_

Provide Name, Address and Telephone Number (including area code) for:

Spouse/Significant Other (if applicable): \_\_\_\_\_  
\_\_\_\_\_

Mother: \_\_\_\_\_  
\_\_\_\_\_

Father: \_\_\_\_\_  
\_\_\_\_\_

Sibling(s): \_\_\_\_\_  
\_\_\_\_\_

Close Friend(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician: \_\_\_\_\_  
\_\_\_\_\_

Dentist: \_\_\_\_\_  
\_\_\_\_\_

Current Employer: \_\_\_\_\_  
\_\_\_\_\_

Previous Employer: \_\_\_\_\_  
\_\_\_\_\_

High School Name and Address: \_\_\_\_\_  
\_\_\_\_\_

College Name and Address: \_\_\_\_\_  
\_\_\_\_\_

Driver License: Number (OLN): \_\_\_\_\_

Issuing State (OLS): \_\_\_\_\_ License Year (OLY): \_\_\_\_\_

Automobile Registration: Number (LIC): \_\_\_\_\_

Issuing State (LIS): \_\_\_\_\_ License Year (LIY): \_\_\_\_\_

Make (VMA): \_\_\_\_\_ Year (VYR): \_\_\_\_\_

Name(s)/Location(s) of Financial Institutions Used (i.e., savings accounts, credit/debit cards, checking)-  
Do not list account numbers, PIN numbers or passwords:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Professional License(s)/Certifications (include issuing agency name): \_\_\_\_\_  
\_\_\_\_\_

Professional/Fraternal Organization Affiliations: \_\_\_\_\_  
\_\_\_\_\_

Interests Generally : \_\_\_\_\_  
\_\_\_\_\_

Other Information (i.e., other friends/contact information): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Additional Photographs

Use this page for additional photographs. Note the date of each photograph.

1. Right Thumb	2. Right Index	3. Right Middle	4. Right Ring	5. Right Little	
1. Left Thumb	2. Left Index	3. Left Middle	4. Left Ring	5. Left Little	
					Right Four Fingers Taken Simultaneously
		Left Thumb	Right Thumb		
					Left Four Fingers Taken Simultaneously

*Note: It is desirable to keep a DNA sample and a "scent article".*

✓ A sample of your hair (preferably with root attached) or a sterile cotton swab containing saliva taken from the cheek area of your mouth are useful if DNA comparison becomes necessary. Each sample should be dried and placed in a taped paper envelope (do not lick to seal).

✓ The scent article can be any piece of clothing that you have worn (preferably for a day.) It must not be washed and never handled by anyone other than you. Place each scent article in a separate "zip lock" type plastic bag. The success of a search by trained dogs is directly effected by the quality of the scent article.

Name: Last \_\_\_\_\_  
Each bag and envelope should be clearly marked with your name and date of collection, and kept with this booklet.

### *Missing College and University Student Cases*

Campus safety has become a significant concern of parents and students in recent years, due to tragic occurrences involving missing students and violent crimes in and around college residences. In response to these concerns, several Federal and state laws have been enacted.

In 1990, the Federal *Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act* was enacted. Among other things, this law requires that colleges and universities publish campus crime data and institute procedures for timely reporting of crime to law enforcement.

In 1999, New York State enacted the *Campus Safety Act ("Suzanne's Law")*. This law requires all colleges and universities in the state to develop formal plans for the prompt investigation of missing students and violent offenses committed on campus. It also directs the NYS DCJS Missing and Exploited Children Clearinghouse to provide assistance to law enforcement and left behind family members whenever a college student is reported missing (regardless of age).

In 2003, the Federal version of "*Suzanne's Law*" was enacted. As a result, regardless of circumstances, police agencies nationwide are required to enter information about every missing person under the age of 21 into the *National Crime Information Center (NCIC)* database. This database is accessed by police agencies nationwide.

**NYS Division of Criminal Justice Services  
Missing Persons Clearinghouse  
4 Tower Place  
Albany, NY 12203**

**1-800-FIND-KID (346-3543)**

## ***AUTHORIZATION TO PUBLICIZE***

\_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Nickname, Maiden or Other Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  - (M) Male  - (F) Female

In the event that I am reported missing, I hereby authorize investigating law enforcement agencies and the NYS Division of Criminal Justice Services (DCJS) to use biographical information, photographs and/or fingerprints contained in the "Just the Facts - Just in Case" booklet. This authorization includes publishing and/or circulating information by any method subscribed to by DCJS. I understand this information may be made available to the public, media, other law enforcement agencies, hospitals, social service agencies, shelters, medical examiners and/or other organizations involved with searching for missing persons. I also understand and agree that all information supplied by me shall be truthful and I agree to hold harmless any agency or other organization using, transmitting, or distributing this information for errors or omissions or commissions occasioned by information I have supplied. I further agree that a photostatic copy of this authorization shall have the same effect as the original.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

*Compliments of...*



[www.criminaljustice.ny.gov/cj](http://www.criminaljustice.ny.gov/cj)

*In partnership with*  
*The Center for* **HOPE**

[www.hope4themissing.org](http://www.hope4themissing.org)

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Missing Persons Clearinghouse  
4 Tower Place  
Albany, NY 12203

1-800-FIND-KID (324) (324)