



# Wisconsin Advocates for Families of Missing People

## **Information:**

WAFMP is a non-stock/not-for-profit organization as defined by the State of Wisconsin. The organization collects information on missing and unidentified adult victims. Our organization uses this information collected to obtain a central database that is viewable by the public. WAFMP also distributes information to other agencies sharing a similar missing statement. WAFMP strives to provide additional resources to families and Law Enforcement Agencies.

Please review all information you entered on this form prior to submitting it. Forms must be filled out completely, including Agency Case Number and NCIC Number.

You must notify WAFMP immediately if a person is located or identified.

A photo must accompany the intake form, and will not be returned.

### Submitting a Photo:

1. via E-Mail (.jpg, .bmp)
  - Include person's name and/or case # in email
  - Send to [tanya@wafmp.org](mailto:tanya@wafmp.org)
2. via U.S. Mail –
  - Must be an original photo, not a copy
  - Include person's name and/or case # on back of photo

**\*\* Do Not Send Photos via Fax**

Please contact us with any questions!

WAFMP  
P.O. Box 106  
Waupun, WI 53963

[www.wafmp.org](http://www.wafmp.org)  
[tanya@wafmp.org](mailto:tanya@wafmp.org)



# Missing Adult Intake for LE

## Reporter's Information

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

Time: \_\_\_\_\_

YOUR Name: \_\_\_\_\_ YOUR Position: \_\_\_\_\_

YOUR Phone: \_\_\_\_\_

YOUR Agency Info: \_\_\_\_\_ Agency Phone: \_\_\_\_\_

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

YOUR Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

## Missing Adult's Information

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

Middle Name: \_\_\_\_\_ Nicknames/Aliases: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Disappearance: \_\_\_\_\_

Missing From: \_\_\_\_\_  
City State County

Illnesses/Medications: \_\_\_\_\_  
\_\_\_\_\_

Height: \_\_\_\_ feet \_\_\_\_ inches Weight: \_\_\_\_ lbs.

Hair color: \_\_\_\_\_ Length/Style: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Glasses: \_\_\_\_\_ Contacts: \_\_\_\_\_ Color: \_\_\_\_\_

Race: \_\_\_\_\_ Vehicle Make/Model: \_\_\_\_\_

Description: \_\_\_\_\_  
\_\_\_\_\_

License #: \_\_\_\_\_ **Located?** YES NO

Places Frequented:

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

Distinguishing Marks: birthmarks, scars, piercings, previous breaks/injuries, jewelry, etc.

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

Circumstances: \_\_\_\_\_

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



### Family Contact Info

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_

### Other Agencies Involved

Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_

### **OFFICE USE ONLY!**

Case Worker: \_\_\_\_\_

Case Closed:

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

Closed by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Closed by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Law Enforcement Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Info: \_\_\_\_\_