



**STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL**

100 N. Carson St. 555 E. Washington Ave., #3900
 Carson City, NV 89701 Las Vegas, NV 89101
 Phone: 775-684-1100 Phone: 702-486-3420
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www.ag.nv.gov

For official use only:

Received by: _____

Date Received: _____

Complaint Type: _____

Referred to: BCP GI
 IFU OML MFU
 MFCU PIU WCFU
 MC

[Stamp here]

MISSING CHILDREN (MC) COMPLAINT FORM

The information you report on this form may be used to help us investigate violations of state laws. When completed, mail or fax your form and supporting documents to one of the office locations listed above. Upon receipt, your complaint will be reviewed by a member of our staff. The length of this process can vary depending on the circumstances and information you provide with your complaint. The Attorney General's Office may contact you if additional information is needed.

INSTRUCTIONS: Please **PRINT** your complaint in dark ink. You must **write LEGIBLY**. All fields **MUST be completed**.

Name of Reporting Person: _____

Type of Reporting Person (select one): Parent of MC Non-Parent Relative of MC Civil Attorney

Other (describe): _____

Inquiry/Case Facts:

YOUR FIRST STEP IS TO FILE A POLICE REPORT

Has a police report been filed? Yes No If yes, complete the following information on both pages of form.

If you answered no to the above question, you must go file a report with your local law enforcement agency!

Police Dept.: _____ Officer Name: _____ Phone: _____

Court order entered regarding custody status? Yes No Pending Don't Know

Name/Location of Court where order entered: _____

Type of order and date filed: _____

****Please attach copy of police report and court order(s) to form.****

<p>Reporting Person Contact Information:</p> <p>Address: _____</p> <p>Phone: _____</p> <p>Marital Status: _____</p> <p>DOB: _____ SSN: _____</p> <p>Race: _____</p> <p>Ht: ____ Wt: ____ Hair: _____ Eyes: _____</p> <p>Relationship to Child(ren): _____</p> <p>Any instances of domestic violence? Yes No</p> <p>Name/Phone of your Attorney: _____</p> <p>_____</p>	<p>Suspected Abductor Name and Contact Information:</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>Marital Status: _____</p> <p>DOB: _____ SSN: _____</p> <p>Race: _____</p> <p>Ht: ____ Wt: ____ Hair: _____ Eyes: _____</p> <p>Relationship to Child(ren): _____</p> <p>Any instances of domestic violence? Yes No</p> <p>Date of Abduction: _____</p> <p>Social Networking Sites: _____</p>
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Child(ren) Name(s):

1: Name: _____ DOB: _____ SSN: _____ POB: _____ Race: Ht: ___ Wt: ___ Hair: _____ Eyes: _____ How long has child lived in Nevada: _____ Was the child enrolled in school? Yes No Name of School: _____ Date child last seen: _____	2: Name: _____ DOB: _____ SSN: _____ POB: _____ Race: Ht: ___ Wt: ___ Hair: _____ Eyes: _____ How long has child lived in Nevada: _____ Was the child enrolled in school? Yes No Name of School: _____ Date child last seen: _____
3: Name: _____ DOB: _____ SSN: _____ POB: _____ Race: Ht: ___ Wt: ___ Hair: _____ Eyes: _____ How long has child lived in Nevada: _____ Was the child enrolled in school? Yes No Name of School: _____ Date child last seen: _____	4: Name: _____ DOB: _____ SSN: _____ POB: _____ Race: Ht: ___ Wt: ___ Hair: _____ Eyes: _____ How long has child lived in Nevada: _____ Was the child enrolled in school? Yes No Name of School: _____ Date child last seen: _____

Name(s) of additional interested parties (for example: left behind parent if civil attorney is reporting person):

Name: _____ Address: _____ Phone: _____ Marital Status: DOB: _____ SSN: _____ Race: Ht: ___ Wt: ___ Hair: _____ Eyes: _____ Relationship to Child(ren): _____ Any instances of domestic violence? Yes No	Name: _____ Address: _____ Phone: _____ Marital Status: DOB: _____ SSN: _____ Race: Ht: ___ Wt: ___ Hair: _____ Eyes: _____ Relationship to Child(ren): _____ Any instances of domestic violence? Yes No
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Return original form to:

Office of the Attorney General – ATTN: Missing Children Unit
555 E. Washington Ave., #3900
Las Vegas, NV 89101
Fax: 702-486-3768
(Faxed copies will be accepted followed by original)