

NAME OF ORGANIZATION REPORTING _____

REPORTING OFFICER _____

WARRANT NUMBER _____

CJIN/NCIC STAMP

YELLOWSTONE COUNTY SHERIFF'S OFFICE

RUNAWAY REPORT

PHONE: 406-256-2929 • FAX: 406-256-2934

DATE/TIME OF REPORT: _____ DATE/TIME LAST SEEN: _____

JUVENILE'S NAME: _____ HOME ADDRESS: _____

DATE OF BIRTH: _____ SSN: _____

PLACE OF BIRTH: _____ RACE: _____

SEX: _____ HEIGHT: _____ WEIGHT: _____

EYE COLOR: _____ HAIR COLOR: _____

SKIN TONE (LIGHT, MEDIUM, DARK, ETC.): _____

SCARS/MARKS/TATOOS: _____

SCHOOL/GRADE: _____

DATE OF EMANCIPATION (TURN 18): _____

LAST SEEN WEARING: _____

MODE OF TRAVEL: _____ DIRECTION: _____

VEHICLE (MAKE, MODEL, YEAR, COLOR): _____

FRIENDS/ASSOCIATES

NAME: _____ ADDRESS: _____

CITY _____ PHONE _____

POSSIBLE LOCATIONS: _____

COMPLAINANT INFORMATION:

RELATIONSHIP: _____

NAME: _____ ADDRESS: _____ PHONE: _____

DESIGNATE ONE OTHER PERSON YOUR CHILD MAY BE RELEASED TO:

RELATIONSHIP: _____

NAME: _____ ADDRESS: _____ PHONE: _____

I, being the parent/guardian of the child named in this report to the Yellowstone County Sheriff's Office, state that _____ (child's name) has been absent from home/group home without permission and/or it is my belief that he/she does not intent to return. I request that said child be apprehended by any Law Enforcement Agency that may come in contact with him/her. I will immediately, upon notification of apprehension, furnish transportation for the return of said child, or in the event the child returns on his/her own, I will notify the Yellowstone County Sheriff's Office.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PRINTED NAME OF PARENT/GUARDIAN: _____

OFFICER'S SIGNATURE: _____ DATE: _____

****GROUP HOMES****

Individual signatures must be readable and have a valid phone number that is available 24/7 per day for contact.