



Richard B. Wilcox
Chief of Police

Town of Stockbridge

Police Department

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MISSING PERSON AFFIDAVIT/VERIFICATION FORM

NAME:		
ADDRESS:		
HT:	WT:	EYES:
HAIR:	RACE:	

Check One	Missing Persons NCIC/LEAPS Categories
D:	DISABLED: A person of any age who is missing and under proven physical/mental disability or is senile, thereby subjecting himself/herself or others to personal and immediate danger.
E:	ENDANGERED: A person of any age who is missing under circumstances indicating that his/her physical safety may be in danger.
I:	INVOLUNTARY: A person of any age who is missing under circumstances indicating that the disappearance may not be voluntary, e.g., abduction or kidnapping.
J:	JUVENILE: A person who is missing and declared unemancipated as defined by the laws of his/her state of residence and who does not meet any of the criteria set forth above.

I solemnly swear (or affirm) that the individual named above is declared missing as indicated in the category checked: that his/her whereabouts are unknown: that the information is correct: that upon their return, or of contact with said missing person, I will immediately notify the STOCKBRIDGE POLICE DEPARTMENT. Failure to respond to this notice will result in the deletion of the above record from the LEAPS/NCIC computer system.

Signature	Printed Name	Date
Address		Telephone