



MMIW - CHAHTA
INTAKE FORM

NAME:

NICKNAME(S)/ALIASES:

TRIBAL AFFILIATION(S):

DOB:

CURRENT AGE:

NAMUS:

HEIGHT:

WEIGHT:

HAIR COLOR/LENGTH:

EYE COLOR: **GLASSES/CONTACTS:**

HEALTH CONCERNS:

SCARS/TATTOOS/DISTINGUISHING MARKS:

LAST SEEN WEARING/CARRYING:

DATE MISSING:

TIME MISSING:

MISSING FROM:

LAST KNOWN ADDRESS:

LAST PERSON IN CONTACT WITH THE SUBJECT:

NAME:

INFO:

DATE OF LAST CONTACT:

NEXT OF KIN/RELATIVES/CLOSE FRIENDS:

- 1.
- 2.
- 3.
- 4.
- 5.

LAW ENFORCEMENT/AGENCY INFORMATION

LAW ENFORCEMENT AGENCIES INVOLVED IN THIS CASE/CASE NUMBER:

DEPARTMENT: CASE:
DEPARTMENT: CASE:
DEPARTMENT: CASE:
DEPARTMENT: CASE:

DEPARTMENT CONTACTS:

NAME: PHONE NUMBER:
NAME: PHONE NUMBER:
NAME: PHONE NUMBER:
NAME: PHONE NUMBER:

OTHER AGENCIES:

NAME: PHONE NUMBER:
NAME: PHONE NUMBER:
NAME: PHONE NUMBER:
NAME: PHONE NUMBER:

NOTES/HOSPITALS:

JAILS:

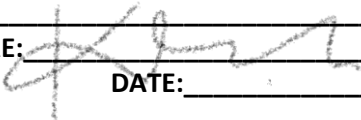
FRIENDS/RELATIVES:

SHELTERS:

MEDICAL EXAMINER:

SOCIAL MEDIA PROFILES:

MORE INFORMATION/NOTES:

PERSON TAKING REPORT: _____
ORGANIZATION: MMIW Chahta
PHONE: _____
E-MAIL: _____
SIGNATURE:  _____
DATE: _____