**INSTRUCTIONS**

**Family/Close Friends:** This form is intended to be completed by family or those with personal knowledge of the missing person. Although we make every effort to assist families and loved ones of those that are missing, not every reported case may meet the search criteria. If you have been asked to complete this form, please fill out this form as fully and accurately as possible and email it to [MISSING@TXEQ.ORG](mailto:MISSING@TXEQ.ORG), along with a current photograph of the missing person.

**Law Enforcement**: If you are a law enforcement officer seeking to request a search for a missing person, please contact Texas EquuSearch directly at 281.309.9500. Calls are answered 24/7 and you need not complete this form.

**IMPORTANT**: Texas EquuSearch can only review a missing person case if it has been filed with the appropriate law enforcement agency, a case number has been assigned, and law enforcement has given their consent for Texas EquuSearch to become involved.

| **MISSING PERSON (MP) INFORMATION**  Instructions: Please complete all fields in this section. | | |
| --- | --- | --- |
| Full Name: |  | |
| Date of Birth: |  | |
| Age: |  | |
| Sex: |  | |
| Eye Color: |  | Glasses:  Yes  No  Don’t Know |
| Hair Color: |  | Hair Length: |
| Height: |  | |
| Weight: |  | |
| Race: |  | |
| Ethnicity: |  | |
| Complexion: |  | |
| Facial Marks or Scars: |  | |
| Tattoos/Piercings/Other Markings: |  | |

| **DISAPPEARANCE INFORMATION**  Instructions: Please complete all fields in this section. If you do not know an answer, enter “Don’t Know”. | |
| --- | --- |
| Date Missing: |  |
| Home Address: |  |
| Address Last Seen/Missing From: |  |
| Clothing Worn at Time of Disappearance: |  |
| Method of Transportation: | on foot        in a vehicle        on a bicycle |
| Law Enforcement Agency:  **(To what law enforcement agency was the missing person reported to as missing.)** |  |
| Investigator’s Name: |  |
| Investigator’s Phone: |  |
| Case Number #: |  |
| Reconstruct the circumstances of the disappearance below. **Please be specific.** | |
|  | |

| **VEHICLE INFORMATION**  Instructions: If the MP left in a motorized vehicle, an accurate description of the vehicle may be very helpful. | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Color: | |  | | Year: |  | Make: | | |  | Model: |  |
| Body: | 2-door  4-door  Sedan  SUV Truck  Van  Motorcycle  Other: | | | | | | | | | | |
| License Plate #: | | |  | | | | State: |  | | | |
| Has the vehicle been found? | | | | | | | Yes  No | | | | |
| If yes, where was the vehicle found (address, city, state, etc.)? | | | | | | |  | | | | |
| Where is vehicle now? | | | | | | |  | | | | |
| Distinguishing characteristics (body damage, accessories, decals, etc.): | | | | | | |  | | | | |
| Is the vehicle equipped with OnStar, Low-Jack, or other GPS tracking equipment? | | | | | | | Yes  No  Don’t Know | | | | |
| Does the missing person own or lease the vehicle? | | | | | | | Own  Lease | | | | |

| **FINANCIAL INFORMATION**  Note: Understanding the MP’s most recent transactions may help in defining the search plan appropriately. | | | |
| --- | --- | --- | --- |
| Did the MP have monetary resources at the time of their disappearance? | Cash $       Credit Card  Debit Card  Checkbook | | |
| Have any of the MP’s credit cards been used or attempted since the MP’s disappearance? | Yes  No | What has been used? |  |
| If yes, what was the date, time, location, and amount of purchase or attempted purchase? |  | | |
| Has anyone removed or attempted to withdraw MP’s cash from an ATM since their disappearance? | Yes  No | What has been used? |  |
| If yes, what was the date, time, location, and amount of the withdrawal or attempted withdrawal? |  | | |
| Does anyone have access to the MP’s financial accounts? If yes, who? |  | | |

| **MEDICAL/MENTAL HEALTH**  Instructions: Describing the MP’s medical and mental health may help in defining the search plan appropriately. | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Is the MP diagnosed with or suffer from any of the following? | Dementia  Intellectually Disabled  Autism  Depression  Schizophrenia  Bipolar  Hallucinations  PTSD  Other: | | | | | | | | | | | |
| For any of the above, what is the level, stage, or intellect age? | | | | | | |  | | | | | |
| For any of the above, what is the level of functionality? | | | | | | |  | | | | | |
| Diagnosed by (enter doctor’s name): | | | |  | | | | | | | Date Diagnosed: |  |
| Doctor’s Address: | |  | | | | | | | Doctor’s Phone: | |  | |
| Prescribed Medications: | |  | | | | | | | | | | |
| Physical Condition: | Heart Problems  Diabetes  High Blood Pressure  Current Cancer  Respiratory Issues  Kidney Failure  Dialysis  Other: | | | | | | | | | | | |
| Has the MP given any indication that they may harm themselves? | | | | | | | | | | Yes  No | | |
| If yes, what indications? | | |  | | | | | | | | | |
| Has the MP been unusually quiet lately? | | | | | Yes  No | | | Did the MP leave any concerning note? | | | | Yes  No |
| If the MP left a concerning note, what did the note say? | | | | | | | |  | | | | |
| Does the MP have any recent problems with any of the following? | | | | | | Family  Relationships  Job  Health  Finances  Other: | | | | | | |

| **ALCOHOL/DRUG/SUBSTANCE ABUSE**  Instructions: Describing the MP’s history of alcohol, drug, or substance abuse may help in defining the search plan appropriately. | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Does the MP use, or are they dependent on, alcohol? | | Yes  No | Frequency: |  | Alcohol of Choice: |  |
| Does the MP use illegal/street drugs? | | Yes  No | Frequency: |  | Drug of Choice: |  |
| If yes, which drugs does the MP currently use? | Marijuana  Cocaine  Crack  Meth  Heroin  PCP  Ecstasy  LSD  Bath Salts  Other: | | | | | |

| **DEVICES and PERSONAL BELONGINGS**  Instructions: As related to the missing person, complete this section as best as possible. | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Phone Number: |  | Brand: | |  | Color: |  |
| Phone Type  (check all that apply): | iPhone  Android  Pre-Paid/Burner  Slide-phone  Flip-phone  iPad or Tablet  Blackberry  Other: | | | | | |
| Describe the phone case (color, stickers, etc.): | | |  | | | |
| Who is the cell phone provider? (i.e., Verizon, ATT, etc.) | | |  | | | |
| Who is responsible for paying the cell phone bill? | | |  | | | |
| Is the location feature activated on their cell phone? | | | Yes  No | | | |
| Is the missing person’s phone turned on or off? | | | On  Off  Don’t Know | | | |
| What happens when you call the MPs cell phone? | | |  | | | |
| To your knowledge, when was the phone last used? | | |  | | | |
| Has the MP given away any personal possessions to their family or friends? | | | Yes  No | | | |
| Did the MP leave any of the following behind that they would normally take with them? | | | Keys  Phone  Wallet  Charger  Tablet  Money  Credit Cards  Medications  Other: | | | |

| **PHONE, SOCIAL MEDIA, and EMPLOYMENT INFORMATION**  Instructions: Complete this section based on the missing person’s contact and social media platforms. | | | | |
| --- | --- | --- | --- | --- |
| MP’s Mobile Phone: |  | | MP’s Facebook: |  |
| MP’s Home Phone: |  | | MP’s Twitter: |  |
| MP’s Work Phone: |  | | MP’s Instagram |  |
| MP’s Employer: |  | | MP’s Snapchat: |  |
| MP’s Work Address: |  | | MP’s TikTok: |  |
| MP’s Current School: |  | | School Address: |  |
| MP’s other pertinent contact information: | |  | | |

| **PAST HISTORY** | | | | | |
| --- | --- | --- | --- | --- | --- |
| Has the MP ever run away, wandered off, or gone missing before? | | | | | Yes  No |
| If yes above, provide details: | | When: | Details: |  | |
| How was the MP found? |  | | | | |

| **RELATIONSHIP INFORMATION** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Relationship Status: | Single/Dating  Cohabitating  Married  Separated  Divorced  Widowed  Unknown | | | | | |
| Name of Significant Other (S/O): |  | | | Phone of S/O: | |  |
| Address of S/O: |  | | | | | |
| Is the MP gay, bisexual, lesbian, transsexual, etc.? | |  | | | | |
| Has anyone recently threatened, harassed, stalked, or bothered the MP? | | Yes  No | Describe: | |  | |
| Has the MP missed any appointments or events? | | Yes  No | Describe: | |  | |

| **CRIMINAL HISTORY**  Please Note: A criminal history does not determine whether or not a search will be conducted. | | | |
| --- | --- | --- | --- |
| Does the MP have any outstanding warrants? | Yes  No | Details: |  |
| Is the MP on parole or probation? | Yes  No | Details: |  |

| **SEARCH HISTORY**  Instructions: Describe any searches that have recently been conducted. | |
| --- | --- |
| Have any searches been conducted in an effort to locate the MP? | Yes  No |
| Please provide details of the search(es): |  |

| **ADDITIONAL INFORMATION**  Instructions: Provide any additional details, distinguishing, or pertinent information that may help further explains the missing person’s disappearance. |
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|  |

| **SOURCE INFORMATION**  Instructions: Name and information of person reporting the MP missing to Texas EquuSearch. | |
| --- | --- |
| Date Reported: |  |
| Reported By: |  |
| Relationship: |  |
| Phone: |  |
| Email: |  |
| Address: |  |