



# STATE OF IOWA



## AMBER Alert Request Form

Date: \_\_\_\_\_

**PRIMARY**

TO: Department of Public Safety  
Interoperability Communications Bureau – Des Moines  
Email Address: [desmoines@dps.state.ia.us](mailto:desmoines@dps.state.ia.us)  
FAX 515-323-4379  
  
Phone # 515-323-4360

**BACK-UP**

Department of Public Safety  
Interoperability Communications Bureau – Cedar Rapids  
Email Address: [cedarrapids@dps.state.ia.us](mailto:cedarrapids@dps.state.ia.us)  
Phone # 319-396-4414

**Call DPS Communications in Des Moines at 515-323-4360 prior to emailing the packet.**

From: (Agency) \_\_\_\_\_

(Contact) \_\_\_\_\_

Telephone # \_\_\_\_\_

### ALERT

#### CHILD ENDANGERMENT / ABDUCTION EMERGENCY NOTIFICATION

If you have any questions regarding this packet, please call the sender at the telephone number listed above. This email contains CONFIDENTIAL INFORMATION which may also be legally privileged and is intended only for the use of the individual or entity to which it is addressed. Unauthorized disclosure or dissemination may be prohibited by state and federal statutes. If you have received this communication in error, please call us immediately at 515-323-4360. In the event that line is not answered call 319-396-4414. This is our back-up location.

## EMERGENCY NOTIFICATION MESSAGE CRITERIA

**The following criteria must be met in order to issue an AMBER Alert:**

1. Law Enforcement confirms a child has been abducted and entry has been made into the IOWA/NCIC Systems identifying the child is missing.
2. The child is under the age of 18.
3. Law enforcement believes the circumstances surrounding the abduction indicate that the child is in danger of serious bodily harm or death.
  - What causes you to believe the child is in danger?
  - When you locate the child and whoever they are with, will you make an arrest and file charges?
4. There is enough descriptive information about the child, abductor, and/or suspect's vehicle to believe an immediate broadcast alert will help.

**NOTE: Please complete all bolded items with all available information. If you do not have information for any one of these required fields, mark it with "N/A"**

## ABDUCTION INFORMATION:

**Date Abducted:** (mm/dd/yyyy) \_\_\_\_\_

**Time Abducted:** (hhmm) \_\_\_\_\_

**Location of Abduction:** (description) \_\_\_\_\_

**Direction of Travel/Destination:** \_\_\_\_\_

(City, State, Subdivision) \_\_\_\_\_

## SUSPECT VEHICLE DESCRIPTION: (color, year, model, body style, plate & state of issue)

**COLOR:** \_\_\_\_\_

**YEAR:** \_\_\_\_\_

**MAKE:** \_\_\_\_\_

**MODEL:** \_\_\_\_\_

**BODY STYLE:** \_\_\_\_\_

**LICENSE:** \_\_\_\_\_

**STATE:** \_\_\_\_\_

**OTHER DESCRIPTORS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CHILD INFORMATION** (complete an additional page for each additional child abducted)

**Name:** (first middle last) \_\_\_\_\_

**Race:** (include all types) \_\_\_\_\_

**Gender:** (Check one)     Male     Female

**DOB:** (mm/dd/yyyy) \_\_\_\_\_

**Height:** (feet, inches) \_\_\_\_\_

**Weight:** (lbs) \_\_\_\_\_

**Hair:** (style and color) \_\_\_\_\_

**Eyes:** (color) \_\_\_\_\_

**Clothing:**

**Shirt:** (type, long or short sleeve, color) \_\_\_\_\_

**Pants/Skirt:** (type and color) \_\_\_\_\_

**Shoes:** (color and type) \_\_\_\_\_

**Outerwear/headwear:** (color and type) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**What causes you to believe the child is in danger?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Additional Identifiers/Medical Concerns:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Email photo of the child using a **jpg** file, mail to: [desmoines@dps.state.ia.us](mailto:desmoines@dps.state.ia.us)**

**or as a backup only mail to: [cedarrapids@dps.state.ia.us](mailto:cedarrapids@dps.state.ia.us)**

**CHILD INFORMATION** (complete an additional page for each additional child abducted)

**Name:** (first middle last) \_\_\_\_\_

**Race:** (include all types) \_\_\_\_\_

**Gender:** (Check one)  Male  Female

**DOB:** (mm/dd/yyyy) \_\_\_\_\_

**Height:** (feet, inches) \_\_\_\_\_

**Weight:** (lbs) \_\_\_\_\_

**Hair:** (style and color) \_\_\_\_\_

**Eyes:** (color) \_\_\_\_\_

**Clothing:**

**Shirt:** (type, long or short sleeve, color) \_\_\_\_\_

**Pants/Skirt:** (type and color) \_\_\_\_\_

**Shoes:** (color and type) \_\_\_\_\_

**Outerwear/headwear:** (color and type) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**What causes you to believe the child is in danger?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Additional Identifiers/Medical Concerns:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Email photo of the child using a **jpg** file mail to: [desmoines@dps.state.ia.us](mailto:desmoines@dps.state.ia.us)**

**or as a backup only mail to: [cedarrapids@dps.state.ia.us](mailto:cedarrapids@dps.state.ia.us)**

**ABDUCTOR INFORMATION** (complete an additional page for each additional abductor)

**Name:** (first middle last) \_\_\_\_\_

**Race:** (include all types) \_\_\_\_\_

**Gender:** (check one)      Male     Female

**DOB or Age:** (approximate year) \_\_\_\_\_

**Height:** (feet, inches) \_\_\_\_\_

**Weight:** (lbs) \_\_\_\_\_

**Hair:** (style and color) \_\_\_\_\_

**Eyes:** (color) \_\_\_\_\_

**Clothing:**

**Shirt:** (type, long or short sleeve, color) \_\_\_\_\_

**Pants/skirt:** (color and type) \_\_\_\_\_

**Shoes:** (color and type) \_\_\_\_\_

**Outerwear/headwear:** (type and color) \_\_\_\_\_

\_\_\_\_\_

**Additional Identifiers:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ABDUCTOR INFORMATION** (complete an additional page for each additional abductor)

**Name:** (first middle last) \_\_\_\_\_

**Race:** (include all types) \_\_\_\_\_

**Gender:** (check one)      Male     Female

**DOB or Age:** (approximate year) \_\_\_\_\_

**Height:** (feet, inches) \_\_\_\_\_

**Weight:** (lbs) \_\_\_\_\_

**Hair:** (style and color) \_\_\_\_\_

**Eyes:** (color) \_\_\_\_\_

**Clothing:**

**Shirt:** (type, long or short sleeve, color) \_\_\_\_\_

**Pants/skirt:** (color and type) \_\_\_\_\_

**Shoes:** (color and type) \_\_\_\_\_

**Outerwear/headwear:** (type and color) \_\_\_\_\_

\_\_\_\_\_

**Additional Identifiers:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CONTACT ORGANIZATION:**

**Sheriff's Office or Police Dept.** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Media Contact Number:** \_\_\_\_\_

**Agency Case Number:** \_\_\_\_\_

**Juvenile information waiver signed by parent or legal custodian:**

\* If yes – attach as page #6

\* If no – attach as page #6 and explain

\* If yes – attach as page #7

\* If no – attach as page #7 and explain

**Submitted By:** \_\_\_\_\_

**Date and Time Submitted:** \_\_\_\_\_

**AMBER Alert Authorization:**

**Department of Public Safety Interoperability Communications Bureau**

# PRINT THIS PAGE

**ONCE SIGNED, SCAN AND EMAIL LIABILITY AGREEMENT TO:  
[desmoines@dps.state.ia.us](mailto:desmoines@dps.state.ia.us)**

## **LIABILITY AGREEMENT**

I hereby agree the information I have provided to you acting as an agent of the state of Iowa, Iowa Department of Public Safety, Iowa Emergency Management Agency, Iowa Broadcasters Association, or any individual or entity assigned by the Iowa Department of Public Safety, to be truthful, factual, and correct.

As the parent/legal custodian, I am aware that in order for the Iowa Department of Public Safety to enter a child as being abducted and endangered the following criteria must be met:

- ✓ Law enforcement confirms a child has been abducted and entry has been made into the IOWA/NCIC Systems identifying the child as missing.
- ✓ The child is under the age of 18.
- ✓ Law enforcement believes the circumstances surrounding the abduction indicate that the child is in danger of serious bodily harm or death.
- ✓ There is enough descriptive information about the child, abductor, and/or suspect's vehicle to believe an immediate broadcast alert will help.

I am also aware I may be charge criminally for committing the crime of "Disorderly Conduct" (Iowa Code section 718.6 filing a false report) if I knowingly provide false information to law enforcement authorities.

\_\_\_\_\_  
Signature of Parent/Legal Custodian    Date  
(including maiden name)

\_\_\_\_\_  
Witness

### **PLEASE PRINT OF TYPE**

\_\_\_\_\_  
**Last Name                      First Name                      Middle Initial                      Maiden Name, former married name(s) or other names used**

**Current Address**

\_\_\_\_\_  
**House/Box number              Street Name                      City                      State                      Zip Code**

**PRINT THIS PAGE**

**ONCE SIGNED, SCAN AND EMAIL LIABILITY AGREEMENT TO:  
desmoines@dps.state.ia.us**

**AUTHORIZATION FOR RELEASE OF JUVENILE INFORMATION**

For a period of one year from the execution of this form, the undersigned authorizes full disclosure of all records concerning my child to any agent of the state of Iowa, Department of Public Safety, or any individual or entity assigned by the Iowa Department of Public Safety, whether the records are of a public, private, internal, or confidential nature. I direct the release of such information regardless of any agreement I may have made to the contrary with any entity or individual to whom my child’s information is released or presented.

The intent of this authorization is to give my consent for full and complete disclosure of confidential juvenile information. Additionally, I understand the duty of the Iowa Department of Public Safety to release any information to the proper authorities and make other reports as may be mandated by law. I also certify that any person(s) who may furnish such information concerning my child shall not be held accountable for giving this information: and I do hereby release such person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Iowa Department of Public Safety, Iowa Emergency Management Agency, Iowa Broadcasters Association and its agents, and designees under this release, from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this “Authorization for Release of Juvenile Information.”

\_\_\_\_\_  
Signature of Parent/Legal Custodian    Date                      Witness  
(including maiden name)

**PLEASE PRINT OR TYPE**

\_\_\_\_\_  
Last Name                      First Name                      Middle Initial                      Maiden Name, former married name(s) or other names used

**Current Address**

\_\_\_\_\_  
House/Box number              Street Name                      City                      State              Zip Code