



State of Iowa

“AMBER Alert Notification Plan” Facsimile Transmission Packet

Date: _____

(PRIMARY)

TO: Iowa State Patrol Communications Des Moines
Telephone #: (515) 323-4360
FAX #: (515) 323-4300

(BACK-UP)

Iowa State Patrol Communications Cedar Rapids
Telephone # (319) 396-4414
FAX #: (319)-396-4327

Call State Patrol Communications in Des Moines at 515-323-4360 prior to faxing.

From: (Department) _____

(Contact) _____

Telephone #: _____

Facsimile #: _____

Subject: _____

ALERT CHILD ENDANGERMENT/ABDUCTION EMERGENCY NOTIFICATION

If you have any questions regarding this transmission, please call the sender at the telephone number listed above.

This facsimile 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 this 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 as 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 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/yy) _____

Time Abducted: (hh:mm) _____

Location of Abduction: (description) _____

Direction of Travel/Destination:
(City, State, Subdivision) _____

Suspect Vehicle Description: (color, year, make, model, body style, plate and state of Issue)

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

Name: (first, middle, last) _____

Race: (include all types) _____

Gender: (circle one) Male Female

DOB: (mm/dd/yy or approx. year) _____

Height: (feet, inches) _____

Weight: (lbs.) _____

Hair: (style and color) _____

Eyes: (color) _____

Clothing:

Shirt/Blouse: (type, lng or shrt sleeve, color) _____

Pants/Skirt: (type and color) _____

Shoes: (color and type) _____

Outerwear/headwear: (color and type) _____

Additional Identifiers/Medical Concerns: _____

Obtain a photograph of the child, if available, and e-mail to Iowa State Patrol Communications (desmoines@dps.state.ia.us) OR cedarrapids@dps.state.ia.us as the back-up.

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

Name: (last, first, middle) _____

Race: (include all types) _____

Gender: (circle one) Male Female

Age: (Approximate year) _____

Height: (feet, inches) _____

Weight: (lbs.) _____

Hair: (style and color) _____

Eyes: (color) _____

Clothing:

Shirt/Blouse: (type, lng or shrt sleeve, color) _____

Pants/skirt: (color and type) _____

Shoes: (color and type) _____

Outerwear/headwear: (type and color) _____

Additional Identifiers: _____

***** ALL AMBER ALERT ABDUCTORS SHOULD BE CONSIDERED DANGEROUS *****

CONTACT ORGANIZATION:

Sheriff's Office or Police Dept. _____

Contact Person: _____

Telephone Number: _____

Facsimile Number: _____

Media Contact Number: _____

Agency Case Number: _____

Juvenile information waiver signed by parent or legal custodian:

* if yes – attach as page # 4 * if no – attach as page #4 and explain

Liability Waiver signed by parent or legal custodian:

* if yes – attach as page # 5 * if no – attach as page # 5 and explain

Submitted By: _____

Date and Time Submitted: _____

AMBER Alert Authorization: _____

LIABILITY AGREEMENT

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

As the parent/legal custodian, I am aware that in order for the Iowa State Patrol 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 or suspect's vehicle to believe an immediate broadcast alert will help.

I am also aware I may be charged 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.

Witness

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

PLEASE PRINT OR TYPE

Last Name First Name Middle Initial Maiden Last Name, former
Married name(s) or other
Names used

Current Address

House Number/Box Number Street Name/Rural Route City State Zip Code

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, Iowa State Patrol, or any individual or entity assigned by the Iowa State Patrol, 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 State Patrol 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 State Patrol, 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.

Witness

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

PLEASE PRINT OR TYPE

Last Name First Name Middle Initial Maiden Last Name, former
Married name(s) or other
Names used

Current Address

House Number/Box Number Street Name/Rural Route City State Zip Code



State of Iowa

“AMBER Alert Notification Plan” **CANCELLATION FORM**

Date: _____

TO: Iowa State Patrol Communications Des Moines

Telephone #: (515) 323-4360

FAX #: (515) 323-4300

Call State Patrol Communications in Des Moines at 515-323-4360 or send an IOWA System message to IDM2 prior to faxing. Also refer to page one of the paperwork if you need to contact the back-up location in Cedar Rapids.

From: (Department) _____
(Contact) _____

Telephone #: _____

Facsimile #: _____

Subject: _____

ALERT **CHILD ENDANGERMENT/ABDUCTION** **EMERGENCY NOTIFICATION CANCELLATION**

Sin #: _____

NCIC #: _____

Name: _____

DOB: _____

Reason for cancellation: _____

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