



# 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, 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/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](mailto:desmoines@dps.state.ia.us)) OR [cedarrapids@dps.state.ia.us](mailto: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, and/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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