

Fax/mail forms to:

OPERATION LOOKOUT® National Center for Missing Youth

6320 Evergreen Way, Suite 201

Everett, WA 98203

1(800)566-5688 EXT/PIN 1234 ~ 24 hr. Missing Youth Helpline **Client Only Fax** 1(877)543-7335

Dear Parent,

Every missing child deserves the chance to be found, and to that end, OPERATION LOOKOUT® provides a 24 hour International Helpline to receive and dispatch emergency or sighting calls. Our programs and services are without charge and include, but are not limited to search assistance, poster design, legal and social service referrals, computerized systems, international networking, picture dissemination and more.

To register your child(ren), OPERATION LOOKOUT® has designed the EZ Form Registration to simplify the registration process for you. Carefully read everything before filling in, signing, notarizing (optional), and returning the Preliminary Data Form, Statement of Events, Additional Information Request - Records Authorization, and Consent and Hold Harmless Agreement.

Keep this letter, 123...Registration Tips, and Statement of Service for reference. (Additional registration information is located in 123...Registration Tips) Our Missing Child Case Screening Protocol requires that your file must include the following prior to activating casework on your child's behalf: *

- Signed (notarizing is optional) EZ Form Registration Consent and Hold Harmless Agreement.
 - You may fax the EZ Form Registration and Preliminary Data Form to us at 1(877)543-7335. Original forms must be included when mailing the items listed below.
- Statement of events. What Happened?
- Completed and signed *Additional Information Request - Records Authorization*
- One 3" x 5" Color or Black & White photograph of child(ren) (and abductor if available). Send photograph(s) under separate cover if a delay in duplication occurs.

* Absence of any of the above will cause delay.

We realize you may be up against what seem to be insurmountable odds. We will guide you through the systems and beyond the dead ends you may have encountered. If you need referrals to any other service, we maintain extensive lists; please let us know.

In addition, if you are facing a particular problem or urgent situation, contact the Helpline Operator to provide the details which best describe how your caseworker can help when he/she returns your call. We want you to communicate freely with us. Your caseworker's office hours are weekdays, 9AM-5PM Pacific time; urgent situations are dispatched 24 hours a day.

Our goal is to provide you with tools for hope and resolve. We look forward to helping. We care -- you and your child(ren) are in our prayers.

Warm regards,



Mike Gibson
President and Head of Casework

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IMPORTANT. Please READ.

OPERATION LOOKOUT® is dedicated to the recovery of missing children. Our services are entirely free-of-charge.

Our perspective is not to counsel, but to provide crisis intervention. If needed, the national center will refer to counselors, attorneys, and other professionals whose expertise is in a field of specific need. We do not endorse; however, we will make every effort to assist you in selecting and monitoring the services of anyone you select. Your ongoing input is essential in our mutual goal for success.

We recognize that you may wish to work with other child-search organizations in conjunction with ours. Please feel comfortable in doing so. We are of the mind that the more assistance you receive the better. Not all agencies work the same, network across the nation, or have the same photo display contacts, but each can contribute in their own special way. Just ask; we will furnish a list.

COMMITMENT TO CONFIDENTIALITY:

Because of the sensitive nature of our work, and the absolute need for confidentiality, and for your well-being and privacy, information obtained on your case is not repeated in any form to an ex-spouse, partner, neighbor, friend, one's own child, other client, or the media without your prior permission.

DUTY TO WARN OR REPORT:

Confidentiality and privileged communication remain rights of all clients. However, we have a legal obligation to report all instances of child abuse. If an individual intends to take harmful, dangerous, or criminal action against another person, or against themselves, it is our legal duty to inform the appropriate authority of such intentions. Those warned may include a variety of persons such as:

- The person or the family of the person who is likely to suffer the results of harmful behavior.
- The family of the client who intends to harm himself or someone else.
- Law enforcement, parole or probation officer, or child protection services.
- In view of the requirements, every effort will be made to respect confidentiality.

DISCLOSURE OR RELEASE OF INFORMATION:

If you are a minor and are the victim of a crime, we may be required to testify at an inquiry concerning that crime. Also, some of the information that you give may be discussed with parent, guardian, law enforcement, or other authority. There are certain circumstances whether you are an adult or a minor, under which information that you revealed may be subpoenaed. In these cases it would be determined by a court of law if any information may be revealed. You may wish for certain information to be disclosed or released to a third party (for example, a counselor, the police, or attorney). Your notarized signature on the registration form provides written consent of release.

Every attempt is made to screen your case prior to giving assistance to determine how to best accommodate your need. For that reason, if you are requested to provide photographs, proof of guardianship, current custody, abuse documentation, etc., we ask that you provide the documents promptly. Photograph distribution and posters are unavailable to individuals who do not respond with those documents, although advice and crisis intervention will be available. If custody has not been established, we can advise you on the steps to take. Once your paperwork is on file, your child(ren) can be placed into photograph circulation.

In the event that your child is recovered or located and the photograph is still in circulation, it is important that you understand that we are not insensitive or lacking in follow-through, but that it is mechanically impossible to remove a photograph from previously printed pages. An attempt will be made to either remove your child's photograph from circulation, or we will ask the publisher to mark "FOUND", "LOCATED", or "DECEASED" when possible. If you move, you **MUST** provide the new address and phone so your case will not be closed.

You are encouraged to use our toll-free line, Monday through Friday, 9 AM to 5 PM. We are available for emergency situations and sightings 24-hours a day, and will notify law enforcement and you of reliable leads.

You may desire an appointment, however, it is not necessary for you to come into our offices. We encourage you to contact us by phone, fax or mail. Our prayers and hopes are with you.

Please stay in contact with us.

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This registration form is designed exclusively by OPERATION LOOKOUT® to STREAMLINE and SIMPLIFY the registration process for you. Once your registration is completed and returned by mail, overnight, or facsimile, unless otherwise required, *your caseworker will call you back* on a weekday to obtain more information about your child. This call will take approximately thirty (30) minutes of your time.

1. Fill in & return *Preliminary Data Form, Statement of Events, Additional Information Request - Records Authorization, and Consent and Hold Harmless Agreement* with notarized signature (Ink Seal is required if returned by fax)
2. Provide best quality pictures of missing child(ren) & abductor if known
3. Attach all required documentation.

NOTE FAMILY ABDUCTION:

At the Courthouse a Court Clerk will help you obtain a current copy of your Custody/Visitation and standing modifications issued by the Court and certify them. Mail us this copy.

NOTE NON-FAMILY ABDUCTION:

Notarized signature is optional in non-family abduction cases.

ABSENCE OF ANY REQUESTED DOCUMENTS WILL CAUSE A DELAY.

EXPEDITE Preliminary Data Form, Statement of Events, Additional Information Request - Records Authorization, and Consent and Hold Harmless Agreement:

Fax ~ 1-425-348-4411 or 1-877-KIDSEEK (1-877-543-7335 TOLL-FREE).

Overnight ~ OPERATION LOOKOUT, 6320 Evergreen Way Suite 201, Everett, WA. 98203

ACCESS YOUR CASEWORKER:

Your caseworker is on-call 24 hours for "Emergencies & Sighting" calls. If your call is "Urgent" notify the Helpline Operator; otherwise, calls are dispatched and responded to in the order received weekdays during office hours. Call, 1-425-771-SEEK (7335) ~ 1-800-782-SEEK (7335) in USA ~ 1-800-LOOKOUT (566-5688) Ext 1234 *International*.

MAKE COPIES OF YOUR CHILD'S PICTURE:

Go to any photo lab. Ask for "EXPEDITED" service. Crop out any non-applicable persons or objects showing only the missing child and/or abductor in the picture. (Negatives should cost no more than \$1.00 and pictures about 45¢ to 65¢ each; if a financial hardship exists, explain your dilemma and ask for a discount.) If the abductor is known, repeat the process. If a delay in making picture copies occurs, return your registration first; send your pictures under separate cover later. (When your child is recovered, we will return any remaining copies of your child's picture to you.)

POSTER MASTER:

Poster masters are designed and sent to searching parents by standard mail. If you prefer to EXPEDITE: A) Send a PREPAID and SELF-ADDRESSED overnight mailing label (FedEx, UPS, Airborne, etc.); or B) provide your overnight billing number; or C) attach a check drafted to the overnight service of your choice. (We cannot pay for overnight mail or guarantee 24 hour delivery by any company). OPERATION LOOKOUT® is dedicated to the recovery of missing children. Our services are entirely free-of-charge.

EZ Form Registration - Preliminary Data Form

www.operationlookout.org

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ID #: _____	Msg: _____
Type: _____	Date: ____/____/____
Date Returned: ____/____/____	Ref: _____
Documents Returned: _____	
FOR OFFICE USE ONLY	

SEARCHING PARTY INFORMATION	ALTERNATE CONTACT INFORMATION
Full Name	Name
Date of Birth	Relationship
Maiden Name	Phone #
County	Address
Address	City/State/Zip
City/State/Zip	
Time at Residence	
Phone #	
Social Security #	
DL # & State	
Prof. License #	
MISSING CHILD INFORMATION	EMPLOYMENT INFORMATION
Name	Employer
Age	Employer Phone #
Date of Birth	Employer Address
Social Security #	City/State/Zip
Date Missing	
Gender	
Ethnic Origin	
Hair Color	
Eye Color	
Height	
Weight	
PERSON OF INTEREST INFORMATION	MISSING CHILD INFORMATION
Name	Name
Age	Age
Date of Birth	Date of Birth
Social Security #	Social Security #
Date Missing	Date Missing
Gender	Gender
Ethnic Origin	Ethnic Origin
Hair Color	Hair Color
Eye Color	Eye Color
Height	Height
Weight	Weight
PERSON OF INTEREST INFORMATION	PERSON OF INTEREST INFORMATION
Name	Name
Age	Age
Date of Birth	Date of Birth
Social Security #	Social Security #
Date Missing	Date Missing
Gender	Gender
Ethnic Origin	Ethnic Origin
Hair Color	Hair Color
Eye Color	Eye Color
Height	Height
Weight	Weight
LAW ENFORCEMENT INFORMATION	MISSING CHILD INFORMATION
Agency Name	Name
Investigator Name	Age
Investigator Title	Date of Birth
Phone #	Social Security #
Case #	Date Missing
NIC #	Gender
	Ethnic Origin
	Hair Color
	Eye Color
	Height
	Weight
ATTORNEY INFORMATION	PERSON OF INTEREST INFORMATION
Firm Name	Name
Name	Age
Title	Date of Birth
Phone #	Social Security #
Address	Date Missing
City/State/Zip	Gender
	Ethnic Origin
	Hair Color
	Eye Color
	Height
	Weight
LAW ENFORCEMENT INFORMATION	MENTAL HEALTH INFORMATION
Agency Name	Firm Name
Investigator Name	Name
Investigator Title	Title
Phone #	Phone #
Case #	Address
NIC #	City/State/Zip

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I hereby authorize any doctor, hospital, employer, school official, authority or other person, to whom a signed or photocopy of this Authorization is delivered, to furnish any information, reports, or copies of records which may be requested by OPERATION LOOKOUT® National Center for Missing Youth, or its agents regarding minor child(ren).

Child # 1

Name _____

Date of Birth ____ / ____ / ____

Social Security Number ____ - ____ - ____

Child # 2

Name _____

Date of Birth ____ / ____ / ____

Social Security Number ____ - ____ - ____

Child # 3

Name _____

Date of Birth ____ / ____ / ____

Social Security Number ____ - ____ - ____

Child # 4

Name _____

Date of Birth ____ / ____ / ____

Social Security Number ____ - ____ - ____

Date

Social Security Number

Legal Parent/Guardian Signature

Print Name

EZ Form Registration - Consent & Hold Harmless Agreement

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I (name) _____ authorize OPERATION LOOKOUT® National Center for Missing Youth herein known as OL and its authorized agents, to assist in the location of my missing child(ren) name(s) _____.

My signature affixed hereto indicates my consent for the above named agency to begin such assistance and to continue to its natural conclusion. The registration form and requested documents constitute my initial request for assistance from OL and I agree to their screening protocol prior to the distribution of my child's photograph.

Consent is hereby granted OL to use photographs of my child(ren) along with details concerning the disappearance of my child(ren). OL may use photos and information with Law enforcement, Investigations, and other child-concern organizations, local, national or international means such as the web, television, newspapers, flyers, cash register receipts, posters, magazines, labels, website, "E*LERT™", via fund raising efforts or any distribution source the Center deems appropriate. I agree that distribution, commercial and non-commercial, anywhere in the world, is allowable in anyway OL sees fit to further the search for the above mentioned missing child(ren).

Further I consent to the investigation and confirmation by the above agency of any and all information I have given or will give to assist in the search for my child(ren). I understand and agree that OL is under no obligation to continue assisting if I have not given complete or accurate information or have failed to provide my best effort in this search for my child(ren), or if necessary documents are not provided. I understand that this service is provided to me free-of-charge, and that donations in support of this effort are encouraged and appreciated but not mandatory. I understand that a ground search may or may not occur at the discretion of OL or the police jurisdiction involved. I understand that I am responsible to provide one (1) picture of my missing child(ren) and person(s) of interest, if applicable; and I understand that I must provide any and all documentation requested, and that without these provisions, services will be delayed. I understand that my cooperation in all requested procedures will help to expedite assistance. I understand that OL is not a private investigative service, a counselor, or attorney service. I understand that OL may provide referrals to such services, and that the referrals may have a fee, and that the referrals do not necessarily constitute an endorsement.

By reading the Statement of Service, the EZ Form Registration and Hold Harmless and by signing this Agreement, I agree to release, indemnify and hold harmless, the above agency, its directors, officers, volunteers, and commercial or non-commercial authorized agents from any and all liability, claims, and causes of action which may result or arise from the release of details concerning the disappearance or recovery of my child(ren). I understand that the registration of my child(ren) with OL in no way guarantees the location of my child(ren), nor does it insure photograph distribution. I understand that OL does not hold the responsibility for returning my child to the custodial parent/legal guardian upon location, and that OL may assist me with reunification planning in the event that it is needed. I agree to contact OL within 10 days of the location of my child(ren). I will not hold OL or any other assisting agency or publisher or it's agents liable for the dissemination of the photographs and information, or responsible or liable for showing the photographs after the location/recovery announcement to OL has been made.

In the event suit or action is brought by any party under this agreement to enforce any of its terms, it is agreed that the prevailing party shall be entitled to reasonable attorneys' fees as shall be fixed by court at trial and upon appeal.

This agreement contains the entire Agreement between the parties respect to the transaction contemplated and shall not be changed or terminated except by written amendment signed by the parties.

- I would like to be contacted by the media if the opportunity arises.
- I am enclosing a tax deductible donation with this form to help families locate their children.

NOTARY & SEARCHING PARENT/GUARDIAN SIGNATURE HERE

- Family Abduction or Runaway -- Fill in and Sign in the presence of a Notary.
- Stranger/Non-Family Abduction -- Fill in Social Security Number, Guardian/Parent Signature and Print Name (notary signature is optional).

Date _____ / _____ / _____

_____ Social Security Number

State of _____

County of _____

_____ Legal Parent/Guardian Signature

_____ Print Name

Signed or attested before me on _____ / _____ / _____

By _____

Signature of Notary

(INK SEAL)

My appointment expires _____ / _____ / _____

_____ Title