DOUGLAS COUNTY SHERIFF'S OFFICE
RUNAWAY JUVENILE OR MISSING PERSON FORM

CASE NUMBER:_____ DATE & TIME OF SIGNATURE:_____

RUNAWAY OR MISSING PERSON:_____
LAST FIRST MI DOB

☐ I am the parent, legal guardian or other authorized person declaring that this child has run away from home. An explanation of why I believe this child has run away has been relayed to the Deputy and will be included in his/her report.

☐ I am the next of kin, physician, or authorized person declaring that the above listed person is missing under circumstances that would cause a reasonable person to be concerned for that person's welfare. An explanation of my concern has been relayed to the Deputy and will be included in his/her report.

Printed Name:_____ Relationship:_____

Signature:_____ Deputy:_____

PLEASE FAX THIS COMPLETED FORM BACK TO (541) 440-4470
-OR-
EMAIL TO RECORDS@CO.DOUGLAS.OR.US