1. **CASE INFORMATION**

|  |  |
| --- | --- |
| Date form complete dd/mm/yyyy | Case Number ID |

1. **DETAILS OF PERSON REPORTING MISSING CHILD**

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| --- | --- | --- | --- | --- | --- |
| **PERSON REPORTING** | Relationship to the child - **please avoid editing drop down** | * Mother * Father * Previous caregiver , specify \_\_\_\_\_ * Brother | | | * Sister * Grandmother and/or Grandfather * Aunt and/or Uncle * Other, specify \_\_\_\_\_\_\_ |
| First name | | ***(Optional)***Middle name/ Father’s name | | Last name/ Family name |
| Date of birth (DOB):  dd/mm/yyyy  Age, \_\_\_\_\_Is the age estimated?   * Yes * No | | Sex - **please avoid editing drop down**   * Male * Female * Non-binary * Other | Nationality status - **please avoid editing drop down** | Displacement status - **please avoid editing drop down**   * National (not displaced) * Stateless * Asylum seeker or refugee * Internally displaced person * Returnee * Migrant * Other, please specify: \_\_\_\_\_\_\_\_\_\_\_ |
| Does they have identification (ID card)   * Yes * No   If yes, specify type of identification and number:   |  | | --- | |  |   Type  Number   |  | | --- | |  | | | | Current address  *(Note down location, address, block, house or shelter number, etc.)*  Phone / contact details: | |
| Did the person submit official documents that validate the identity of the child and establish their relationship with the child?  *(For example, family booklet, birth certificate, etc.)* | | | * Yes | * No |
| If yes, specify: |  |

1. **DETAILS ON THE MISSING CHILD**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CHILD INFORMATION** | First name | Middle name/ Father’s name | | | Last name/ Family name | | | Other names or spelling the child is known by |
| Date of birth (DOB)  dd/mm/yyyy  Age, \_\_\_\_\_Is the age estimated?   * Yes * No | Sex - **please avoid editing drop down**   * Male * Female * Non-binary * Other | | | Nationality (create options for your context) | | | Birthplace of the child: |
| Recent photograph of the child available (if yes, include in the case file)   * Yes * No | | | Distinguishing physical characteristics of the child | | | Where did the child live before going missing? | |
| What other information do you have about the child’s life that would help to identify the child? | | | | | | | |
| List the family composition of the child, include parents or caregivers and siblings  *( To fill out in case reunifying adult is not the mother or not the father)* | | | | | | | | |
| Full name | | | Age | | | Relationship to the Child | | |
|  | | |  | | |  | | |
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1. **CIRCUMSTANCES OF THE CHILD DISSAPEARANCE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date the child went missing dd/mm/yyyy | | Place where the child went missing / where child was last seen: | | | |
| Describe the circumstances of separation / how the child went missing:   |  | | --- | |  | | | | | | |
| Possibile cause(s) of child going missing - **please avoid editing drop down** | * Accidental separation in a crowded place * Separation due to natural disaster * Human trafficking or smuggling * Abduction * Mental health issues | | | | * Separation during movement due to conflict or war * Separation due to fleeing specific safety threat * Recruitment into armed forces or armed groups * Other, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Does the person reporting the child missing have any idea where the child might be now or has an idea of who might know? | * Yes * No | | - If yes, describe the details   |  | | --- | |  | | | |
| Initial analysis according to the caseworker: Do you consider this disappearance alarming? | * Yes | | * No | * Don’t know | |
| What are the recommended next steps? | | | | | |

1. **AUTHORIZATION**

|  |  |  |
| --- | --- | --- |
| Caseworker name | Date dd/mm/yyyy | Signature |
| Name person reporting missing child | Date dd/mm/yyyy | Signature |