

Email completed form to: missingpersons@azahcccs.gov

NAME OF REQUESTING AGENCY: _____

NAME/CREDENTIALS OF REQUESTING OFFICER: _____

ORI NUMBER: _____

ADDRESS: _____

CITY: _____

TELEPHONE NUMBER: _____ STATE: _____ ZIP: _____

INQUIRY

NAME (Last, First, Middle): _____

ALIAS: _____

AHCCCS ID: _____ DATE OF BIRTH: _____ SSN: _____

LAST KNOWN WHEREABOUTS: _____

LAST KNOWN PROVIDER NAME/ADDRESS: _____

DATE MISSING: _____ AGE AT TIME OF DISAPPEARANCE: _____

FACTS OF THE CASE THAT JUSTIFY THE REQUESTED INFORMATION: _____

ADDITIONAL COMMENTS:

Attestation of legitimate law enforcement reason this information is required:

The law enforcement official represents that such information is needed to determine whether a violation of law by a person other than the victim has occurred, and such information is not intended to be used against the victim;

The law enforcement official represents that immediate law enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure; and

The disclosure is in the best interests of the individual as determined by the covered entity, in the exercise of professional judgment.

Signature must be provided either in black ink or via digital/electronic signature.

SIGNATURE OF REQUESTING OFFICER:

DATE OF SIGNATURE: