

Email completed form to: missingpersons@azahcccs.gov

NAME OF REQUESTING AGENCY:

NAME/CREDENTIALS OF REQUESTING OFFICER:

ORI NUMBER:

ADDRESS:

CITY:

STATE:

ZIP:

INQUIRY

NAME (Last, First, Middle):

ALIAS:

AHCCCS ID:

DATE OF BIRTH:

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 OF REQUESTING OFFICER:

DATE OF SIGNATURE: