|  |  |
| --- | --- |
| UNAUTHORIZED LEAVE REPORT TOCOURT/LAW ENFORCEMENT | Case Name |
|  |             |
| Michigan Department of Human Services | Case Number | SWSS FAJ Log # | Date |
|  |       |       |       |
|  | County | District | Section | Unit | Worker | Court File Number |
|  |    |    |    |    |    |       |
| Child/Youth Legal Status | Date of Birth | Age |
|       |       |       |
| Race/Ethnic/Gender Information | Date Youth Left Placement |
|       |       |
| Other Identifying Features (Scars, Clothing, etc.) | Hair Color | Eye Color | Height | Weight |
|       |       |       |       |       |
| Risk Management |
|  | [ ]  | Is at serious risk | [ ]  | Is 11 years of age or younger | [ ]  | Foul play is suspected |
|  |
| Explanation (mandatory): |
|       |
| Youth may be with | Name and Relationship | Phone Number |
| [ ]  | Parents |       |           |
|  | Address |  |
| [ ]  | Other: (explain) |       |  |
|  |       |  |  |
| Possible Destination |
|       |
| Parent/Guardian Name | Phone Number |
|       |           |
| Parent/Guardian Complete Address |
|       |
| Parent/Guardian Name | Phone Number |
|       |           |
| Parent/Guardian Complete Address |
|       |
| Name of Placement (Youth Missing From) | Placement Phone Number |
|       |           |
| Placement Complete Address |
|       |
| Dates and Actions Taken to Locate Missing Youth |
|       |
| DHS Worker Name | DHS Worker Phone Number |
|       |                 |
| Name of Law Enforcement Agency Notified | Missing Person Report (LEIN Form) Attached |
|  |  |
|       |  | [ ]  | Yes |  | [ ]  | No |  |
| Signature |
|       |
| AUTHORITY: P.A 150 OF 1974 AS AMENDED 803.306COMPLETION: MandatoryPENALTY: Child/Youth name will not appear on the LEIN | Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area. |

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|  |   |   |   |
| County | District | Section | Unit | Worker | Court File Number |
|   |   |   |   |   |   |
|  |
| Child Located | Current Placement |
|       |       |
| DHS Worker Name | DHS Worker Phone Number |
|       |                 |
| Signature |
|       |
|  |
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