**

**Nevada Silver Alert Notification/Activation Form**

*This form is for use by law enforcement officials only.*

*Follow this procedure to initiate a Nevada Silver Alert*

*All pages of this activation form are required to be completed and submitted.*

1. **Silver Alert Criteria**

ALL of the following statutory criteria must be met before the Nevada DPS will activate a Silver Alert:

* The missing endangered person is 60 years of age or older;
* The whereabouts of the missing endangered older person are unknown;
* The missing endangered older person has either:
  + Been diagnosed with a medica or mental health condition that places the person in danger of serious physical harm or death; or
  + Is missing under suspicious or unexplained circumstances that place the person in danger of serious physical harm or death; and
* An investigation by the local law enforcement agency has taken place verifying that the disappearance is due to his/her impaired mental condition, and alternative reasons for the older person’s disappearance have been ruled out.
* The Silver Alert Activation request has been made within 72 hours of the older person’s disappearance.
* There is sufficient descriptive information about the missing endangered older person or other pertinent information to warrant activation of the system.

IF ALL OF THE ABOVE CRITERIA ARE MET, COMPLETE THIS FORM AND FOLLOW THE INSTRUCTIONS BELOW.

1. **NCIC Entry**- Make an NCIC Missing Person entry using the Endangered Missing EME code through the law enforcement computer system available in your area.
2. **SUBMIT THE INFORMATION ON THE NEXT PAGE.**

**Nevada Department of Public Safety**

# Nevada Silver Alert Notification/Activation Form

*This form is for use by law enforcement officials only.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| WHAT TYPE OF NOTIFICATION IS THIS?  INITIAL ALERT UPDATE CANCELLATION | | | | | | | | HAS ANY TYPE OF LOCAL ADVISORY BEEN ISSUED?  YES NO | | | | | | | | | |
| MISSING ENDANGERED OLDER PERSONS NAME  LAST, FIRST MIDDLE | | | | | | | | | | AGE | | DATE OF BIRTH | | | | | RACE |
| SEX | HEIGHT | | WEIGHT | HAIR | | | HAIR LENGTH | | | | EYES | | | | GLASSES | | |
| DIAGNOSED MEDICAL CONDITION: | | | | | | | | | | | | | | | | | |
| UNIQUE PHYSICAL CHARACTERISTICS | | | | | | | | | | | | | | | | | |
| CLOTHING | | | | | | | | | | | | | | | | | |
| VEHICLE COLOR | | YEAR | MAKE | | | MODEL | | | | | | | STATE | | | LICENSE PLATE NO. | |
| DATE, TIME AND LOCATION LAST SEEN (DIRECTION OF TRAVEL, DESTINATION): | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| BRIEF CIRCUMSTANCES REGARDING THE MISSING ENDANGERED OLDER PERSON (Include pertinent medical, mental and other well being information) | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| LAW ENFORCEMENT AGENCY REQUESTING ALERT | | | | | AGENCY CASE / INCIDENT NUMBER | | | | | PHONE # OF L.E. AGENCY | | | | | | FAX # OF L.E. AGENCY | |
| REPORTING L.E. OFFICER, TITLE | | | | | L.E. OFFICER CONTACT # | | | | DPS EMPLOYEE VERIFYING CRITERIA AND REQUESTED ALERT | | | | | | | | |
| **ATTACH NCIC MESSAGE WITH MISSING OLDER PERSON INFORMATION** | | | | | | | | | | | | | | | | | |
| **PHOTOGRAPHS / MAPS.** You may attach relevant photographs, maps or other useful attachments. Call the DPS communications center in your geographical area for their e-mail address. | | | | | | | | | | | | | | | | | |
| Agency representative authorizing this alert must sign and date below. | | | | | | | | | | | | | | | | | |
| NAME OF LAW ENFORCEMENT REPRESENTATIVE AUTHORIZING THIS ALERT **(Typing your name below represents a signature being affixed.)** | | | | | | | | | | | | | | DATE/TIME: | | | |

**Nevada Silver Alert Notification/Activation**

c/o Nevada State Police

Department of Public Safety

Communications Bureau

Southern Command Northern Command

Las Vegas, NV Carson City, NV

702-432-5393/Fax 702-486-4190 775-687-0400/Fax 775-687-0487

***Please verify by telephone that your FAX has been received.***