Policy #	:	FRM-020
Operating Procedures	:	Missing Person – NCIC Cancellation Worksheet
Subject	:	CLEAN/NCIC/CJIS Forms
Effective	:	30-January-2015
Revised	:	22-October-2019

MISSING PERSON
NCIC CANCELLATION WORKSHEET

*AGENCY NAME:	*ANGENCY ORI:
*REPORT # (OCA):	*DATE OF REPORT:
*OFFICER CANCELLING:	*DATE OF CANCEL (DOC):
*NAME:	DATE OF BIRTH:
*REASON FOR CANCELLATION (CIR): ☐ 01-HOMICIDE ☐ 02-SUICIDE ☐ 03-ACCIDENTAL DEATH ☐ 04-NATURAL CAUSES ☐ 05-CATATROPHE ☐ 06-VOLUNTARY RETURN ☐ 07-POLICE RETURN	☐ 08-OTHER AGENCY RETURN ☐ 09-LOCATED/REFUSED RETURN ☐ 10-EMANCIPATED/REFUSED RETURN ☐ 11-LOCATED/NON-CUSTODY RETURN ☐ 12-INVALID ENTRY ☐ 13-OTHER:_____
COMPLETED BY THE LAWRENCE COUNTY E-911	
CANCELLED BY:	DATE CANCELLED:
COPY OF CANCELLATIONFAXED TO REQUESTING AGENCY:	☐ YES ☐ NO

***Required Field**