|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Case Details** | | | |
| **Coronial Case Number** (if applicable) |  | **Interpose Number** |  |
| **LEAP Number** |  | **NMPVS Number**  (Previously PlassData) |  |
| **Date of Meeting with Family:** | |  | |
| **Details of Person being Interviewed:** | | Surname:  First Name:  Date of Birth:  Contact Number: | |
| **Relationship of person providing the information:**  ***Answer the following question by selecting one of the following***:  **“The MP is my………”** | | Mother  Father  Brother  Sister  Daughter  Son  Other (detail): | |

|  |  |
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| 1. **Summary: Missing Person (MP) Information** | |
| **Surname of MP:** |  |
| **First Name of MP:** |  |
| **Date of Birth of MP:** |  |
| **Date MP last seen alive by the person being interviewed:** |  |
| **Age of MP at time of disappearance:** |  |
|  |  |
| **Details of person interviewing the family member** | Name:  Position:  Contact number:  Date: |

1. **Consent**

By providing the information detailed in this form and/or samples for DNA analysis, you are consenting to having this information, including DNA profile data, searched against the relevant databases held locally (the Victorian Missing Persons DNA Database - VMPDD) and nationally (the National Missing Persons and Victims Systems – NMPVS; National Criminal Investigation DNA Database – NCIDD; National Criminal Investigation DNA Database - Integrated Forensic Analysis – NCIDD-IFA) for the sole purpose of identification.

Should circumstances indicate that the missing person may have travelled overseas, the information you have provided (as detailed above), may be searched internationally (with the assistance of Interpol).

***Consent, person providing information:***

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name: First, Last) (Address)

consent to the information (including DNA profile data) been used in the manner described above. I have received clear instructions and information regarding this use, to make an informed decision regarding consent.

**Signed:**

**Dated:**

**Form completed by interview over the telephone: Verbal consent obtained:**

**Witness, Person conducting the interview:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name: First, Last) (Address)

have provided clear instructions and information regarding the purpose of the consent.

**Signed:**

**Dated:**

|  |  |
| --- | --- |
| 1. **Dental Information** | |
| Did the MP ever attend a dentist? | ⬜ Yes ⬜ No ⬜ Unsure |
| If yes, can you provide details? | ⬜ Yes ⬜ No ⬜ Unsure |
| Details:  Did the MP attend a public or a private dentist?  Approximate location/suburb of the dental surgery?  Name and address of dentist: | ⬜ Public ⬜ Private ⬜ Unsure  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ⬜ Unsure  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| When did they last attend? | Year:  ⬜ Unsure |
| Type of appointment **\*** |  |
| Is it possible to obtain a photograph of the missing person smiling (i.e. facing the camera with teeth showing)? | ⬜ Yes ⬜ No ⬜ Unsure |
| Other comments |  |

**\*** If information about the dentist can be obtained, pass the details onto your state forensic odontologist (dentist) who will follow up to locate dental records which may include:

* dental charts and records (digital and/or hand written)
* dental radiographs (e.g., bitewings; periapicals; OPG’s, CBCT) – either print outs, film, digital email, memory stick)
* clinical photographs
* referral letters/correspondence
* laboratory work (e.g., study models, casts and relevant prosthetic material)
* any other appropriate records.

|  |  |
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| 1. **Fingerprint Information** | |
| Did the MP ever have fingerprints taken? | ⬜ Yes ⬜ No ⬜ Unsure |
| If yes, can you provide details? | ⬜ Yes ⬜ No ⬜ Unsure |
| What date was the MP printed? | \_\_\_\_\_\_\_\_\_\_\_ ⬜ Unsure |
| Where (which state, police station, etc.): |  |
| Other comments: |  |
| At the time of the interview with the family member, can items associated with the MP be collected?  Such items may include:  Porous surfaces (paper products) such as:   * Diaries * Study notes, school workbooks, application forms, finger painting ceramics, etc. * Personal documents * Bills addressed to the person * Shopping lists   Non-porous surfaces  Smooth glossy surfaces/items known to be handled primarily by the person including:   * Ceramic cups * Glassware * Laptops/tablets * Smart phones (large screen) * Other plastic, glass or metal items | ⬜ Yes ⬜ No ⬜ Unsure  List items: |

|  |  |
| --- | --- |
| 1. **DNA Information** | |
| Are you the biological parents (Maternal/Paternal)?  If yes, are both parents available to provide a mouth swab for analysis? **\*** | ⬜ Yes ⬜ No ⬜ Unsure  ⬜ Yes ⬜ No ⬜ Unsure |
| If no to above, are you a sibling?  If yes, are you a half or full sibling? | ⬜ Yes ⬜ No ⬜ Unsure  ⬜ Yes ⬜ No ⬜ Unsure |
| Did the MP have children? | ⬜ Yes ⬜ No ⬜ Unsure  If yes, provide details: |
| Did the MP have siblings? | ⬜ Yes ⬜ No ⬜ Unsure  If yes, provide details: |
| Did the MP have maternal relatives? | ⬜ Yes ⬜ No ⬜ Unsure  If yes, provide details: |
| Did the MP have a Newborn Screening Card (also known as a Guthrie Card)?  NB: most children born in Australia after 1965 have a Guthrie card) | ⬜ Yes ⬜ No ⬜ Unsure  If yes, place of birth: |
| Did the MP have retained blood samples e.g. Blood bank? | ⬜ Yes ⬜ No ⬜ Unsure |
| Did the MP have medical samples collected as part of a procedure?  (such as histology or biopsy samples) | ⬜ Yes ⬜ No ⬜ Unsure |
| Did the MP have any blood transfusions in the last 12 months prior to them going missing? | ⬜ Yes ⬜ No ⬜ Unsure |
| Did the MP have a bone marrow transplant? | ⬜ Yes ⬜ No ⬜ Unsure |
| Are you able to provide toothbrushes / shavers or any other item associated with personal hygiene that was used by the MP |  Yes  No  Unsure |

**\*** Follow normal procedure for the collection of a reference DNA sample.

| 1. **Anthropological / Medical Information** | |
| --- | --- |
| Biological Sex: | Male:  Female:  Transgender: |
| Did the MP identify as this gender? | ⬜ Yes ⬜ No ⬜ Unsure |
| Country of birth: | ⬜ Unsure |
| Nationality: | ⬜ Unsure |
| Ancestry of MP: | Australian Aboriginal:  Asian:  African:  European:  Polynesian:  Mixed:  Unsure:  Other comments: |
| Ancestry of Parents of MP: | Mother:  Father:  ⬜ Unsure  Other comments: |
| Where did the MP live during childhood? | ⬜ Unsure  Other comments: |
| Where did the MP spend the last 10-15 years? | ⬜ Unsure  Other comments: |
| Height (approximately) of MP: | ⬜ Unsure |
| Did the MP have a driver’s licence? | ⬜ Yes ⬜ No ⬜ Unsure |
| Handedness of the MP: | ⬜ Left ⬜ Right ⬜ Unsure |
| Do you have a smiling photo of the MP (i.e. facing the camera with teeth showing)? | ⬜ Yes ⬜ No ⬜ Unsure  If yes, can a copy be obtained?  ⬜ Yes ⬜ No |
| Natural hair colour, length and style | ⬜ Unsure |
| Scars/tattoos (If yes, please describe) |  |
| Previous medical conditions | ⬜ Yes ⬜ No ⬜ Unsure  Comments |
| Did the MP have any injuries? | ⬜ Yes ⬜ No ⬜ Unsure  Comments (e.g. place and date of injury, hospital attended, etc.) |
| Did the MP have any diseases? | ⬜ Yes ⬜ No ⬜ Unsure  Comments (e.g. painful back, arthritis, cancer, serious infections, etc. place and date of injury, hospital attended, etc.) |
| Was the MP ever pregnant? | ⬜ Yes ⬜ No ⬜ Unsure ⬜ N/A  Comment: If yes, did the MP give birth? |
| Any other information or distinguishing features (e.g. noticeable gap between the front teeth, walked with a limp, cleft palate, etc.) |  |
| Last seen alive clothing/possession/jewellery |  |

**FURTHER COMMENTS:**

|  |  |
| --- | --- |
| **Details of person interviewing the family member** | Name:  Position:  Contact number:  Date: |

**INTERVIEWER TO SIGN:**