

**New Holstein Police Department  
Juvenile Runaway Form**

I/We, \_\_\_\_\_, of \_\_\_\_\_  
(Parents, Guardian or Custodian) (Address)

\_\_\_\_\_  
City, State, Zip Home Phone Business Phone

Hereby request the Calumet County Sheriff's Department to list \_\_\_\_\_  
Name of Juvenile  
as a runaway. Also upon notification that \_\_\_\_\_ has been located,  
Name of Juvenile

I/We will make arrangements to pick him/her up at no expense to Calumet County.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Witness: \_\_\_\_\_ Signed: \_\_\_\_\_

Complete Name of Juvenile: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_

Sex: \_\_\_\_\_ Hgt.: \_\_\_\_\_ Wgt.: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Complexion: \_\_\_\_\_ List any scars, birthmarks, type and color of glasses,  
etc.:

Description of clothing:

List any city or area where He/She may have gone: \_\_\_\_\_

List names of close friends (addresses and phone numbers if known)

Last contact date and time: \_\_\_\_\_

Other relevant information: