



## Application For Missing Children Reward Program

The Missing Children Reward Program rewards persons up to \$500 for providing information which leads to the location and recovery of a missing child listed in the California Department of Justice Missing Person Registry. Any person claiming a reward must submit one application for each recovered missing child.

### Section 1 Applicant Information

Please complete this section with **your** personal information

FIRST NAME:

MIDDLE NAME:

LAST NAME:

#### Mailing Address

STREET NUMBER AND NAME OR P.O. BOX:

Address 2 (Suite #):

CITY:

STATE:

ZIP:

HOME TELEPHONE:

WORK TELEPHONE:

Ext.

E-MAIL:

### Section 2 Recovered Child Information

Please complete this section with information regarding the recovered child. Answer all questions to the best of your ability.

FIRST NAME:

MIDDLE NAME:

LAST NAME:

Were you related to the missing child prior to his or her recovery?

If yes, state your relationship:

Where was the missing child recovered (if known)?

CITY:

STATE:

What was the date of recovery (if known)?

(MMDDYYYY):

Has a reward of non-state funds been offered?

If yes, what organization offered the reward?

Do you work for an organization (either paid or volunteer/unpaid) that is involved in the recovery of missing persons?

What information did you provide, or action did you take, in locating the missing child?

(include names of organizations, law enforcement agency(s), or persons to whom you provided information, along with telephone numbers and dates of contact.)

Is there any more information you believe would be helpful to us?

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### Section 3 Signature and Date

Please sign and date this section and mail the application to the address listed at the bottom of the page.

I declare under penalty of perjury under the laws of the State of California that all the information I have provided is true, correct and complete to the best of my information and belief. I also understand that if I have provided information that is false, intentionally incomplete, or misleading, I may be fined and/or imprisoned.

<b>Signed:</b>	<b>Date:</b>
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Printed Name:

Mail your completed application to:

Victim Compensation & Government Claims Board  
PO Box 3036  
Sacramento, CA 95812-3036

# Help Bring Children Home



For more information about the Missing Children Reward Program,  
please call:

**1-800-777-9229**

Hearing impaired, please call  
the California Relay Service (711)

[www.vcgcb.ca.gov](http://www.vcgcb.ca.gov)

For more information about the California Department of Justice  
Missing Children Registry, please call:

**1-800-952-5225**

or visit the California Attorney General's Office,  
Missing Persons unit at:

[www.ag.ca.gov](http://www.ag.ca.gov)