



2014-2015 Florida Missing Children's Day Award Nomination Submission Form for LAW ENFORCEMENT TASK FORCE/TEAM OF THE YEAR



Your Name:

Daytime Telephone Number:

Address:

Email Address:

Relation to Nominee (s):

Agency:

Thank you for considering nominees for the 2014-2015 Florida Missing Children's Day Awards. Winners will be selected by the Missing Endangered Person Information Clearinghouse Advisory Board under the auspices of FDLE. The awards will be presented on September 14, 2015 at the formal ceremony in Tallahassee, FL. **Please send nominations as an attachment in an email to fmcd@fdle.state.fl.us or fax your nominations to FDLE/MEPIC Attention: Melanie Walker at 850-410-8744; or mail to: Florida Department of Law Enforcement, Missing Endangered Persons Information Clearinghouse, P. O. Box 1489, Tallahassee, FL 32302-1489. For more information, please contact Melanie Walker at 850-410-8585.**

DEADLINE FOR ALL SUBMISSIONS IS MONDAY, JUNE 1, 2015

The nominee must meet the following criteria. He/she must:

1. have been a sworn, active law enforcement officer during the case investigation;
2. be employed in Florida and worked as a group of two or more people;
3. be in good standing with his/her department;
4. have no departmental or other charges currently pending against him/her;
5. have performed an investigative activity during January 1, 2014 thru April 30, 2015 that can be determined to be exceptional, extraordinary, outstanding, or beyond the call of duty, and that such activity has resulted in the safe recovery or location of a missing child, or solved a case involving serial child homicide or child sexual exploitation; OR
6. made a significant contribution to missing children issues through the development and/or implementation of an educational, awareness, or safety program.

NOMINEE(S) INFORMATION:

Name of Task Force or Group:	Department/Agency:
Name of Contact Person for the Group:	Daytime Telephone: Email Address:
Rank:	
Mailing Address:	Email Address
Concerning the case(s) of: Name(s) of Children	Agency Case Number
Name of child(ren) custodial parents:	
Evening Telephone Number:	Daytime Telephone Number:

Please provide detailed information concerning the case investigation. Be sure to describe the role of the nominee(s) and specify the actions and activities that led to your nomination of the individual(s) for this award. Include any additional information, including press clippings or news footage for our consideration. You may attach additional pages. Please type or print clearly.