



# 2015-2016 Florida Missing Children's Day Award Nomination Submission Form for STATE / FEDERAL LAW ENFORCEMENT OFFICER OF THE YEAR



Your Name:	Daytime Telephone Number:
Address:	Email Address:
Relation to Nominee (s):	FDLE use only, please leave blank:
Agency:	

Thank you for considering nominees for the 2015-2016 Florida Missing Children's Day Awards. Winners will be selected by the Missing Endangered Persons Information Clearinghouse Advisory Board under the auspices of FDLE. The awards will be presented on September 12, 2016 at the formal ceremony in Tallahassee, Florida. **Please send nominations as an attachment in an email to [fmcd@fdle.state.fl.us](mailto:fmcd@fdle.state.fl.us) or fax your nominations to FDLE/MEPIC Attention: Kimberly Smith 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 Kimberly Smith at 850-410-8573.**

## **DEADLINE FOR ALL SUBMISSIONS IS WEDNESDAY, JUNE 1, 2016**

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 by a federal government agency;
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 January 1, 2015 thru April 30, 2016 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 Nominee:	Department:
Rank:	Daytime Telephone Number:
Work Address:	Email Address:
Name of Supervisor:	Daytime Telephone Number: Email Address:
Concerning the case(s) of: Name(s) of Children	Agency Case Number:
Name of child(ren) custodial parents:	
Current address of custodial parents:	Daytime Telephone Number: Evening 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.**