



Comanche Nation M.M.I.P. program

Family Assistance/Victim Services

MMIP@comanchenation.com

580-919-1506



Please complete the following information:

Applicant name: _____ SSN# _____ - _____ - _____

DOB: _____/_____/_____ Comanche enrollment #: _____ Gender: _____

Mailing address: _____ City: _____ State: _____

Zip: _____ Email address: _____ Phone number: _____

Relationship to missing person or victim of crime:

() Parent () Mother () Father () Sister () Child () Other _____

If selected child, do you have legal custody or guardianship? _____

List all household members:

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____
- 5.) _____
- 6.) _____

IF a missing persons case, fill out the following below

Circle the following:

1. Did you file a missing persons report? Y/N

2. Have you check the following?

- Local hospitals? Y/N
- Jails? Y/N
- Friends & relatives? Y/N
- State medical examiner? Y/N
- Social media? Y/N

3. In order for your application to be completed, please attach the following:

- ✓ CDIB
- ✓ Release & Waiver of Liability form
- ✓ Missing persons report from law enforcement
- ✓ Missing persons information sheet
- ✓ Proof of residence

IF family suffers from a victim of crime case, fill out the following below

1. What type of crime was your family member victimized?

☐ Assault

Comanche Nation M.M.I.P. program

- ☐ Burglary
- ☐ Car Jacking
- ☐ Sexual Abuse
- ☐ Homicide
- ☐ Human trafficking
- ☐ Kidnapping
- ☐ Domestic Abuse
- ☐ Robbery
- ☐ Stalking Terrorism
- ☐ Other: _____

2. Location of Crime

- ☐ Bar or club
- ☐ Business (other than victims' workplace)
- ☐ Rural Area
- ☐ Someone else's apartment/home
- ☐ Street
- ☐ Vehicle
- ☐ Victims' workplace
- ☐ Victim's own apartment/home
- ☐ Other: _____

3. Date of Crime: _____ 4. Time of Crime: _____

5. When was the crime reported to the police? Date: _____ Time: _____

6. What agency was the crime reported to? _____

7. Incident resulted in homicide? Y/N

8. In order for your application to be completed, please attach the following:

- ✓ CDIB
- ✓ Proof of residence
- ✓ Police report or some form of court documents

***Have you applied with any other MMIP organizations or Oklahoma Crime Victims Compensation?**

IF yes then specify the date with which agency below:

In order to be considered for eligibility only one immediate family member may apply for services. Comanche Nation MMIP Family Assistance/Victim Services may assist with the following:

Missing Persons Cases: Gas vouchers, flashlights, whistles, reflective vests, batteries, fliers/posters, hotel stays
Victim Services: Hotel stays, gas vouchers, groceries

Comanche Nation M.M.I.P. program

I understand that my signature authorizes Comanche Nation Missing & Murdered Indigenous Peoples program to obtain verification of any information on this application and additional information may be necessary for approval of this application. Completion of this application does not guarantee eligibility, but solely dependent on the circumstances of the case and funding for the MMIP program. I certify that all of the information on this form is true and correct.

Signature

Date