



OFFICE OF THE

DISTRICT ATTORNEY

ORANGE COUNTY, CALIFORNIA

TONY RACKAUCKAS, DISTRICT ATTORNEY

FAMILY CHILD ABDUCTION / MISSING PERSONS REPORT

The Child Abduction Unit of the Orange County District Attorney's Office exists to aid parents/guardians who have had children abducted, to prosecute those who have violated criminal laws in an appropriate case, and to represent the Superior Court pursuant to Family Law Code Section 3130-3133, when the Court orders the District Attorney to locate and recover missing children.

At **no time** is the District Attorney representing you as an individual. You are a victim/witness. The District Attorney represents the People of the State of California and the Superior Court.

Since we do not represent you, there is no attorney-client relationship. Therefore, any information you provide the District Attorney's Office is not confidential and may be subject to disclosure pursuant to court rules or at the discretion of the staff of the District Attorney's Office. Your address and telephone number will not be released to the other parent without your authorization. The other party's address will not be released to you without his or her authorization.

IF YOU DO NOT HAVE A COURT ORDER FOR CUSTODY/VISITATION, YOU MUST OBTAIN ONE AS SOON AS POSSIBLE. If you have an ongoing visitation problem and a valid court order, you must bring the problem before the Court (Order to Show Cause re: Contempt) and show a good faith effort to resolve the problem in court before the District Attorney's Office can consider handling your case. If you have an order which states "reasonable visitation," you must petition the Court to specify your visitation rights. Otherwise, the court order is unenforceable. If you and the other party have verbally changed the terms of the order, you must go back into court for a new order. To bring action before the Court, you must file the proper documents. The District Attorney is not a private attorney and cannot file the papers for you. There are several ways to file: hire an attorney; contact a typing service; contact Legal Aid (they will advise you whether they will be able to help you); or file the documents yourself.

Once the District Attorney initiates a case, the decision on how to proceed and resolve that case is within the sole discretion of the Office of the District Attorney. If the prosecution is pursued and the suspect is convicted, you as the victim/witness have a right to address the sentencing judge by giving a statement to the probation officer prior to sentencing the suspect. You also can make a statement at the time of sentencing.

The first priority of this office is the location and return of those children who have been abducted and to protect those children.

The questionnaire you file with the District Attorney's Office is a POLICE REPORT. Every person who reports to the District Attorney's Investigator or other police officer that a crime has been committed (in this case, parental child abduction) and knows the report to be false, is guilty of a misdemeanor and can be prosecuted (§148.5 Penal Code). Further, you are declaring UNDER PENALTY OF PERJURY that the information is true and correct. (§118 Penal Code).

There are civil penalties, levied by the Superior Court, for filing false information on documents filed with the court. The maximum fine for those penalties is \$1000.

I have read and understand the above notice.

Victim/Parent

DATED: _____

Witness

ORANGE COUNTY DISTRICT ATTORNEY'S OFFICE
CHILD ABDUCTION/VISITATION QUESTIONNAIRE

DATE OF REPORT: _____

CAU CASE NUMBER _____
(DA Office will assign)

CHILD ABDUCTION ___ VISITATION PROBLEM ___ CONCEALMENT ___

COMPLAINING WITNESS

Please Print

Information regarding the parent making this report:

FULL NAME: _____
Last First Middle

OTHER NAMES USED: _____

BIRTH DATE: _____ BIRTH PLACE: _____

Driver's License #: _____ SSN: _____

Race: _____ Sex: _____ Hair: _____ Eyes: _____ Height: _____ Weight: _____

Residence Address: _____

City, State & Zip: _____

Home Telephone: _____ Cell Phone: _____

E-mail address _____

Employer Name & Address: _____

Employer Telephone: _____

NOTE: "SUSPECT" REFERS TO THE PERSON DETAINING OR NOT ALLOWING VISITATION WITH THE CHILD(REN)

Are you related to the suspect? Yes ___ No ___

If yes, how? _____

Were you and the suspect ever married? Where? _____

Your relationship to the child(ren): _____

Have you ever received public assistance, such as welfare? ___ Yes ___ No
If yes, what type of public assistance and in what county and state did you receive it?

Have there ever been any incidents of violence or abuse between you and the suspect?

Yes ___ No ___

If yes, briefly explain: _____

If you and the suspect previously lived together, who initiated the separation or divorce and why?

Previous Court Actions:

Is there a paternity action? _____ Yes _____ No

Is there a Temporary Restraining Order? _____ Yes _____ No

Is there a divorce decree? _____ Yes _____ No

If yes, list case number(s), court's where obtained and dates received:

What state? _____ What county? _____

Have you obtained any other court orders in this matter? _____ Yes _____ No

If yes, what type of order, date court order was obtained, and what county and state was order obtained? _____

Are there any court actions pending? _____ Yes _____ No

If yes, what type of action, case numbers, date action was filed, and county and state where action was filed? _____

Name, address, and telephone number of attorney representing you in this matter:

If child support has been paid through a District Attorney's Office or other public agency, provide the name and address of the agency and approximate period of time child support has been paid through this agency: _____

What is the case number? _____

Who is ordered to pay child support? _____

When was the last child support payment made? _____

INFORMATION NEEDED TO EVALUATE THE PROBLEM

Is the action an abduction situation? Yes ____ No ____

**If yes, briefly describe the circumstances surrounding the abduction (i.e., how was the suspect able to take the child(ren), from where, and on what date was (were) the child(ren) taken, etc.): _____*

Did the suspect have assistance from anyone else in taking the child(ren)? Yes ____ No ____

**If yes, briefly describe the circumstances surrounding the abduction (i.e., how was the suspect able to take the child(ren), from where, and date taken. _____*

What measures have you taken to locate the suspect and child(ren)? _____

If your visitation rights are being denied, briefly describe the problem:

When was your last visitation with the child(ren)? _____

THE FOLLOWING QUESTIONS ARE NOT ASKED TO PRY INTO YOUR PERSONAL LIFE. THIS INFORMATION IS NEEDED TO ANTICIPATE A POSSIBLE DEFENSE BY THE SUSPECT IN COURT.

Date you last had contact with suspect? _____

How and where was the last contact made? _____

Have you ever received phone contact or refused any correspondence from the suspect since your separation? _____

Have you ever been arrested? Yes ____ No ____

If yes, which agency? _____

Date Arrested: _____

Charge(s): _____

Conviction(s): _____

Have you ever been charged with any crime against children (i.e., child abuse, abandonment, failure to pay child support, etc.)? Yes ____ No ____

If yes, please describe: _____

Have you ever had any physical or mental defect that could affect your ability to care for the child(ren)?
Yes ____ No ____

If yes, please describe. _____

STATEMENT OF INTENT

Are you willing to appear at all court hearings and testify regarding this issue? Yes ____ No ____

Are you willing to appear at all investigative interviews necessary regarding this case?
Yes ____ No ____

Are you willing to travel, if necessary, to retrieve your children? Yes ____ No ____

IF YOU MOVE, OBTAIN CUSTODY OF THE CHILDREN, OR DECIDE YOU DO NOT WANT THE ASSISTANCE OF THIS OFFICE, YOU MUST NOTIFY THE CHILD ABDUCTION UNIT IMMEDIATELY. OUR PHONE NUMBER IS (714) 347-8559.

INFORMATION REGARDING CHILD(REN)

PLEASE PRINT

CHILD # _____ (attach additional pages for each child)

Full name of child: _____ Sex: _____
Last First Middle

Other names used: _____

Date of birth: _____ Place of birth: _____

SSN: _____ Height: _____ Weight: _____ Hair Color: _____

Eye Color: _____ Hair Style: (long, short, curly, straight) _____ Glasses / Contacts _____

Cell phone (____) _____ E-mail address _____

Hobbies / sports _____

Last known clothing description _____

Marks, scars, tattoos, etc: _____

Does the child have medical or dental problems? Yes _____ No _____

**If yes, describe:* _____

Name and address of the doctor who has been attending the child: _____

Name and address of the dentist who has been attending the child: _____

Grade and last known school attended (name and address): _____

Name, address, telephone number of babysitter: _____

What language(s) does the child speak? _____

ATTACH MOST RECENT PHOTOGRAPH OF CHILD

INFORMATION REGARDING SUSPECT

PLEASE PRINT

**INFORMATION REGARDING THE PARENT WHO TOOK THE CHILD(REN)
OR IS DENYING VISITATION**

Full Name: _____
Last First Middle

Other names used: _____

Current location: _____

Last known address: _____

City, State, & Zip _____

Last known home telephone number: _____

Last known cell phone number: _____

Birth Date: _____ Birth Place: _____

Driver's license #: _____ SSN: _____

Race: _____ Sex: _____ Hair: _____ Eyes: _____ Height: _____ Weight: _____

E-mail address _____

Distinguishing marks, scars, amputations, glasses, hair style, facial hair: _____

What language(s) does suspect speak? _____

Vehicle description: _____

Other states suspect has frequented or lived and when: _____

Last known employer including address: _____

Work phone _(____)_____

Is suspect receiving or has suspect receiving or has suspect ever received SSI, VA benefits, disability benefits, welfare, etc.? Yes _____ No _____

If yes, describe: _____

Is suspect disabled? Yes _____ No _____

If yes, how? _____

Has suspect ever been arrested? Yes ____ No ____

If yes, for what, when and what city/county was suspect arrested? _____

Does suspect have a history of any physical or mental problem that would be a danger to the child(ren)'s health or welfare? Yes ____ No ____

If yes, explain: _____

Does suspect have a chronic medical problem? Yes ____ No ____

If yes, explain: _____

Does suspect have a violent temper? Yes ____ No ____

If yes, explain: _____

Is there a police or medical record on file regarding this problem? Yes ____ No ____

If yes, with what agency? _____

Date of report: _____

Does suspect own weapons? What type? _____

Does suspect have credit / debit cards? Yes ____ No ____

If yes, list type and financial institution:

Does suspect have a passport? Yes ____ No ____ (provide number if available) _____

A non-resident visa? Yes ____ No ____ (provide number if available) _____

Does suspect have a life insurance policy? Yes ____ No ____

If yes, with what company? _____

Is suspect an active member of any church? Yes ____ No ____

If yes, provide name and address of church: _____

PROVIDE THE FOLLOWING INFORMATION REGARDING ALL FAMILY AND FRIENDS OF THE SUSPECT. INCLUDE ALL IMMEDIATE FAMILY MEMBERS, WHETHER NATURAL, STEP, OR

Why? _____

What reason do you think suspect will give for his/her actions in this case? _____

Name, address and telephone number of attorney representing suspect in this matter: _____

Were there any special circumstances of the crime (did suspect use force, trickery, etc.)?
Yes _____ No _____
If yes, explain: _____

Does the suspect have child(ren) other than those that were taken in this case? Yes ___ No ___
If yes, provide name(s), relationship, and age(s):

I declare under penalty of perjury that the foregoing, consisting of _____ total pages including this page, is true and correct, and I have not willfully and knowingly misrepresented or omitted any material facts relative to this case.

Executed this _____ day of _____, 20 ____ at _____

County of _____, State of California.

Signature: _____ Printed Name: _____

Fax to **714.347.8834** or mail to:

**OCDA Child Abduction Unit, 7th Floor
401 Civic Center Drive West
Santa Ana CA 92701**

**include copies of most recent court orders if available.*

Orange County District Attorney's Office
Child Abduction Unit

Authorization to Release Medical, Dental and School Records
(Child Abduction Cases—California Penal Code 278)

Name of Child Reported Abducted: _____ DOB: _____

Authorization and Release of Liability

I am a parent or legal guardian of the above named missing child. I hereby authorize the release of all medical, dental, and school records to the Orange County District Attorney's Office Child Abduction Unit to assist in locating the above named missing child. I release the treating physicians, dentists, hospitals, medical centers, clinics, or other health care providers and their staffs from any liability related to the release of any school records. I consent to the release of any school records. I consent to the release of the named missing child's photographs, physical description, and requests to send the above records to other locations where the missing child may be located. I understand that this information may also be used by the Department of Justice for inclusion in missing children bulletin and posters to be distributed throughout California and the United States to help locate the missing child. I release the Orange County District Attorney's Office and the Department of Justice from any liability associated from the use of these records in locating the missing child.

Physician's name: _____ Phone: _____

Address: _____

Hospital/Clinic: _____ Phone: _____

Address: _____

Dentist Name: _____ Phone: _____

Address: _____

School Name: _____ Phone: _____

Address: _____

Signature: _____

Print Name: _____

Relationship to Child: _____