



LOS ANGELES COUNTY DISTRICT ATTORNEY'S OFFICE BUREAU OF INVESTIGATION



211 West Temple Street, Suite 300 | Los Angeles, CA 90012 | (213) 257-2600

DOCUMENTS NEEDED ON A RECOVERY

1. Color photo(s) of child or children
2. Certified copy of the child/or children's birth certificate
3. All court orders
4. Police report (if one has been filed)
5. 3130 order from the court

DOCUMENTS NEEDED ON A SERVICE

1. Full copy of all court orders to be served on the respondent parents
2. 3130 order from the court

INTAKE INVESTIGATOR _____

Date _____ Time _____

- SERVICE
- RECOVERY
- LOCAL
- OUT-OF-STATE

Next Court Date _____

File # _____

For Official Use Only (Rev. 07/2019)

NOTICE:

The Child Abduction Unit of the Los Angeles County District Attorney's Office exists to:

1. Aid parents or guardians who have had children abducted.
2. Prosecute those who have violated child abduction criminal laws in appropriate cases.
3. Enforce orders on behalf of the Los Angeles Superior Court pursuant to our duties under Family Code sections 3130 - 3133, when the court orders the District Attorney to locate and recover missing children.

At no time does the District Attorney represent you as an individual. 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 to 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. Nonetheless, your address and telephone number will not be released to the other parent without your authorization. The other parent's address will not be released to you without his or her authorization.

You must obtain a court order requesting the District Attorney's Office assistance in locating and/or recovery of child/children. Assistance is available at all Los Angeles County Superior Court Family Law Division. Website: www.lacourt.org.

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 **to show a good faith effort to resolve the problem in court** before the District Attorney's Office can consider handling your case.

Once the District Attorney's Office initiates a case, the decision on how to proceed and resolve that case is with the sole discretion of the Office of the District Attorney. If prosecution is pursued and the suspect is convicted, you as the victim or witness have a right to address the sentencing judge by giving a statement to the probation officer prior to the sentencing of the suspect.

The questionnaire you file with the District Attorney's Office is an official police report. Every person who reports to a District Attorney Investigator or any 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 under California Penal Code section 148.5. Further, you are declaring under penalty of perjury that the information contained in the questionnaire is true and correct (California Penal Code section 118).

There are civil penalties, levied by the Superior Court, for providing false information on documents filed with the court, including fines up to \$1000.00

I have read and understand the above notice.

Victim/Parent

Date

SUSPECT PARENT:

Full Name: _____
Last First Middle Maiden/Alias

Date of Birth: _____ Race: _____ Gender: ___ Height: _____ Weight: _____

Hair: _____ Eyes: _____ Birthplace: _____

Driver License/State: _____ Social Security Number: _____

Home Address: _____

Telephone #: _____ Email address: _____

Social Media / User name: _____

Suspect's relationship to the child(ren): _____ Your relationship to the suspect: _____

Is the suspect a US Citizen: Yes: ___ No: ___ Passport or Alien Registration No: _____

Business name and Address: _____

Business Phone: _____ Job Title: _____

SUSPECT'S VEHICLE INFORMATION:

Year Make Model Color License

INFORMATION REGARDING THE SUSPECT'S FAMILY:

Full Name DOB/Age Address Phone # Relationship

VICTIM PARENT:

Full Name: _____
Last First Middle Maiden/Alias

Date of Birth: _____ Race: _____ Gender: ___ Height: _____ Weight: _____

Hair: _____ Eyes: _____ Birthplace: _____

Driver License/State: _____ Social Security Number: _____

Home Address: _____

Telephone #: _____ Email address: _____

Your relationship to the child(ren): _____ Your relationship to the suspect: _____

Are you a US Citizen: Yes: ___ No: ___ Passport or Alien Registration No: _____

Business name and Address: _____

Business Phone: _____ Job Title: _____

VICTIM QUESTIONNAIRE CONTINUE:

Are you receiving SSI, AFDC, welfare or general relief benefits? _____ If YES, please describe type of benefit, how long have you been receiving the benefits: _____

Have you ever been charged with any crimes against children such as Child Abuse, Child Abandonment, Child Neglect, Failure to Pay Child Support? _____ If YES, please describe each charge and the law enforcement or government agency involved: _____

How long have you lived at your current address? _____ If less than one year, please list prior addresses for the past year: _____

Are you paying, or have you been served with child support orders? _____ If YES, please describe type of benefit and how long the suspect has been the receiving benefit(s): _____

Is the suspect receiving SSI, AFDC, welfare or general relief benefits? _____ If YES, please describe type of benefit and how for long: _____

Has the suspect ever been arrested? _____ If YES, please describe briefly (charge, police agency, date): Does the suspect have any habits, hobbies or special skills that would help us locate him/her? _____ If YES, please describe: _____

Does the suspect pay child support? _____ If YES, please list who the support is paid to and what county the payments go to: _____

Were you and the suspect previously living together? _____ If YES, please provide the following:

Married: _____ If YES, date married: _____ County / State: _____

If not married, did the suspect ever live with the children? _____ IF YES, Dates:

_____ City / State: _____

Date of separation: _____ Reason for separation: _____

Do you have an attorney representing you? _____ Name and phone #: _____

ABDUCTED CHILD # 1

Full name of child: _____
Last First Middle

Other names used: _____

Date of Birth: _____ Place of Birth: _____

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

Blood Type: _____ Social Security Number: _____

Date the child was discovered missing: _____

Does the child have any medical problems? _____

Does the child have any identifiable marks or scars? _____

Last school attended and address: _____

ABDUCTED CHILD # 2

Full name of child: _____
Last First Middle

Other names used: _____

Date of Birth: _____ Place of Birth: _____

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

Blood Type: _____ Social Security Number: _____

Date the child was discovered missing: _____

Does the child have any medical problems? _____

Does the child have any identifiable marks or scars? _____

Last school attended and address: _____

ABDUCTED CHILD # 3

Full name of child: _____
Last First Middle

Other names used: _____

Date of Birth: _____ Place of Birth: _____

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

Blood Type: _____ Social Security Number: _____

Date the child was discovered missing: _____

Does the child have any medical problems? _____

Does the child have any identifiable marks or scars? _____

Last school attended and address: _____

ABDUCTED CHILD # 4

Full name of child: _____
Last First Middle

Other names used: _____

Date of Birth: _____ Place of Birth: _____

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

Blood Type: _____ Social Security Number: _____

Date the child was discovered missing: _____

Does the child have any medical problems? _____

Does the child have any identifiable marks or scars? _____

Last school attended and address: _____

COURT ORDER INFORMATION:

Are there any current custody-related court orders? _____ If YES, what type of court order (divorce, temporary restraining order, etc.)?

Date of court order: _____ County and/or State where filed: _____

Court case number: _____

Terms of custody and/or visitation: _____

Family Support case no: _____ County / Office address: _____

Are your child support payments current? _____

Have you ever refused to allow visitation? _____ If YES, why? _____

Have you ever imposed conditions for visits not covered in the custody order? _____ If YES, describe the conditions and the circumstances:

When was the last time you were allowed visitation? _____

Where did this visitation take place? _____

What attempts have you made to enforce your court ordered visitation? _____

Date you last had contact with the suspect (in person or by telephone): _____

How and where was the last contact made? _____

Date you last had contact with the children in person or by telephone: _____

How and where was this last contact made? _____

Please describe in detail how the abduction occurred (when and where, etc.):

Is there any additional information about the facts of the case, the suspect, or the child/children that you feel would be helpful at this time? _____

Important Information: If you move, or obtain custody of the children, and/or decide you do not want assistance from this office, you must notify the *Child Abduction Unit immediately at (213) 257-2600.*