CHILD ABDUCTION SECTION

REQUEST FOR INVESTIGATION

QUESTIONNAIRE

OFFICE OF THE DISTRICT ATTORNEY

COUNTY OF LOS ANGELES

BUREAU OF INVESTIGATION

CHILD ABDUCTION SECTION

211 W. TEMPLE STREET, 3RD FLOOR

LOS ANGELES, CA. 90012

(213) 257-2600

RECOVERY ☐ SERVICE ONLY ☐

NOTICE

The Child Abduction Unit of the Los Angeles County District Attorney's Office exists to (1) aid Los Angeles County parents who have had children abducted, (2) to prosecute those who have violated child abduction criminal laws in appropriate cases, and (3) to enforce orders on behalf of the Los Angeles Superior Court pursuant to our duties under Family Code sections 3130/ 3131.

At no time does the District Attorney represent you. You are a victim and/or a witness. In criminal matters the District Attorney represents the People of the State of California. Under our civil, Family Code duties, the District Attorney acts as an aid to the Superior Court and does not represent anyone.

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 their authorization or by order of the court.

IF YOU DO NOT HAVE A COURT ORDER REQUIRING SERVICE OR A COURT ORDER FOR CUSTODY/ VISITATION, YOU MUST OBTAIN ONE AS SOON AS POSSIBLE. Assistance is available at the RESOURCE CENTER, ROOM 426, 111 NORTH HILL ST. (213)893-9754. 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) 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 right, otherwise, the court order is unenforceable. If you and the other party have verbally changed the terms of the order, you may need to go back into court for a new order. In order to bring any action before the Court, you must file the proper documents. The District Attorney is not a private attorney and cannot file papers for you. There are several ways to file: hire an attorney, contact legal assistance organizations (they will advise you whether they will be able to help you) and /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 prosecution is pursued, and the suspect is convicted, you as the victim/ witness have a right to address the sentencing Judge by giving statements to the probation officer prior to sentencing of the suspect. You also can make a statement at the time of sentencing.

Your case will be handled by a qualified Investigator who is a peace office of the State of California. The Investigator who is assigned to your case may not be the same Investigator who took the initial report.

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 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 (Sec. 148.5 Penal Code). Further, you are declaring UNDER PENALTY OF PERJURY that the information is true and correct (Sec. 118 Penal Code).

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

I have read and understand the above notice.

Dated: _____ Time: _____

_____

Victim parent

_____

Intake Investigator

STATEMENT OF INTENT:

Are you willing to appear at all court hearings necessary regarding this issue? _____

Are you willing to appear at all investigative interviews necessary regarding this issue? _____

Dated: _____ Time: _____

_____

Victim parent

_____

Intake Investigator

LOS ANGELES COUNTY DISTRICT ATTORNEY
CHILD ABDUCTION SECTION
QUESTIONNAIRE

The following questionnaire must be completed with accuracy and accompanied by a CERTIFIED copy of the most recent court order(s) which related to child custody. Please attach a recent picture of the child/ children and the abducting parent, as well as a copy of any pertinent police report(s). PLEASE PRINT

YOUR INFORMATION:

Your Full Name: _____

Last First Middle Maiden/Alias

Your Home Address: _____

City, State, and Zip Code: _____

Home Phone: _____ Message Phone: _____ Email: _____

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

Your Date of Birth: _____ Age:_____ Birthplace: _____

Your citizenship/immigration statue: _____

Your Business Name/Address: _____

Business Phone: _____ Business Hours: _____

Your Occupation: _____ Soc. Sec. No.:_____

Driver License No.: _____ State: _____

Your Relationship to Child/Children:_____ Relationship to suspect: _____

Your Attorney: _____

Address: _____ Telephone: _____

INFORMATION REGARDING SUSPECT

Please provide the following information regarding the parent who took the child/children.

Full Name:_____
Last First Middle

Other names used: _____ Email address: _____

SS#: _____ Drivers license: _____ State: _____

Birth date: _____ Birth Place: _____ Race: _____

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

New spouse/Boyfriend's or Girlfriends contact information: _____

Any distinguishing marks, scars, amputations, glasses, facial hair, tattoos, etc? _____

_____

What language(s) dose the suspect speak? _____

Vehicle description: _____
Year Make Model Color License #

Last known residence address & date address was good: _____

_____

_____

INFORMATION REGARDING THE CHILD/CHILDREN

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

Other names used: _____ Race: _____ SS#: _____

Date of Birth: _____ Place of Birth: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Other marks, scars, braces, glasses, etc: _____

Dose the child have medical or dental problems? _____

If yes, describe: _____

Name & address of the doctor/dentist who has been attending the child:

_____

Grade & last known school attended (name & address) _____

_____

Babysitter_____ Language child speaks _____

Information Regarding the Second Missing Child

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

Other names used: _____ Race: _____ SS#: _____

Date of Birth: _____ Place of Birth: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Other marks, scars, braces, glasses, etc: _____

Dose the child have medical or dental problems? _____

If yes, describe: _____

Name & address of the doctor/dentist who has been attending the child:

_____

Grade & last known school attended (name & address) _____

_____

Babysitter_____ Language child speaks _____

FACTS OF YOUR CASE

Describe the circumstance surrounding the abduction. (i.e. how was the suspect able to take the child/children, from where & on what date was the child/children taken, etc.)

_____

_____

_____

_____

_____

_____

Was this abduction reported to any agency? _____

If so: Which Agency? _____

When was it reported? _____ Report Number: _____

Did the suspect have assistance from anyone else in taking the child/children? _____ If yes, give names and addresses of all such persons and describe how they assisted: _____

_____

_____

_____

_____

Date you last had contact with suspect: _____

How and where was this last contact made? _____

_____

How, where and on what date was the last contact with the child/children made?: _____

_____

_____

_____

Last known home telephone number: (__)_____

Other states suspect has frequented or lived & when: _____

_____

Last known employer & address _____

_____

Last know employer's telephone number: ( )_____

Name & address of union: _____ Local #: _____

Is suspect receiving or has suspect ever received SSI, VA Benefits or disability benefits? _____

If yes, what type of benefit, when, & in what county & state: _____

_____

Is suspect disabled? _____ If yes, how? _____

What type of work does the suspect normally do? _____

Has suspect ever been arrested? ____If yes, for what, when & in what city/county was suspect arrested?

_____

_____

Dose suspect have a violent temper? _____ If yes, explain: _____

_____

Dose the suspect own or regularly carry a weapon of any kind? _____ If yes, please explain: _____

_____

COURT ORDER INFORMATION

Type of court order (divorce, temporary restraining order, etc.): _____

Date of court order: _____

County / State where filed: _____ Case No.: _____

Any other court order: _____ Any court action pending: _____

Which court: _____ County/ State: _____

Type of action pending: _____

Attorney for victim parent: _____ Phone No: _____

Address: _____

Were you and the suspect previously living together? _____

During what time? _____ Were you married: _____ When: _____ Where: _____

Who initiated the separation and why: _____

_____

Have you ever or are you now being counseled by Family Court Services?: _____

If so, who is the counselor?: _____

Who is ordered to pay child support?: _____

When was the last payment made: _____

Have you denied visitation or custody to the suspect?: _____ Why?: _____

_____

Have you ever received or refused correspondence from the suspect since the separation? _____

If so, why? _____

Have there been incidents of violence or abuse between you and the suspect: _____

If so, please describe: _____

_____

Dose suspect have any habits or hobbies that would help us locate him/her? (Does he/she drink at a certain bar, frequent a certain restaurant, etc) : _____

_____

Does suspect have a history of any physical or mental problem that would be a danger to child/ children's health or welfare? _____ If yes, explain:_____

_____

Is there a police or medical record on file regarding this problem? _____

If so with what agency? _____ Date of report: _____

Can anyone testify to this behavior? _____ If so, give name and address of such persons: _____

_____

Does suspect have a life insurance policy? _____ If yes, with what company? _____

If suspect and children have left the county, how did suspect travel? (airplane, car, etc) _____

_____

Is suspect a member of any church? _____ If yes, name & address of church: _____

_____

Is suspect a member of any organizations? _____ If yes, name & address of organizations: _____

_____

Dose suspect have any bank accounts? _____ If yes, name of bank(s) and account number(s) if known:

_____

Dose suspect have any credit cards? _____ If yes, name of card(s) and account number(s) if known:

_____

Please provide the following information regarding the suspect's family (including brothers and sisters whether natural, step, or half) and friends. Indicate those that will help suspect and those that won't.

Full Name	Age & Date of Birth	Address	Phone #	Relationship

Which of these family and/or friends do you think would assist suspect in this case? _____

_____

Name of suspect's current spouse, live in boyfriend/girlfriend and provide general information regarding this person (date of birth, physical description, employer, arrest record, etc): _____

_____

If suspect left the area, where do you think he/she would go? _____

_____

Why?_____

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

_____

_____

ADDITIONAL INFORMATION

The following information is needed solely to anticipate a possible defense by the suspect in court. If you currently have a visitation order, how regularly have you visited the child/children in the past? ____

_____

Have you ever been arrested?: _____ Where: _____ When: _____

Charges: _____ Disposition outcome: _____

Have you been charged with a crime against a child (abuse, abandonment, molestation/ assault)? _____

If so, please describe the incident(s): _____

_____

_____

Have you ever had a physical or mental defect that could affect your ability to care for the child/ children? _____

If so, please describe: _____

_____

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

_____

IS THERE ANY ADDITIONAL INFORMATION ABOUT THE FACTS OF THE CASE, THE SUSPECT, OR THE CHILD/ CHILDREN INVOLVED THAT YOU FEEL WOULD BE HELPFUL AT THIS TIME?_____

_____

_____

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. At 213-257-2600.

ATTACH PHOTOGRAPH OF SUSPECT AND MINOR CHILD/CHILDREN.