



GOOD CAUSE REPORT

CONFIDENTIAL

**LOS ANGELES COUNTY DISTRICT ATTORNEY'S OFFICE
BUREAU OF INVESTIGATION
CHILD ABDUCTION UNIT**

211 W. TEMPLE STREET, LOS ANGELES, CA 90012 • PHONE: (213) 257-2600 • FAX: (213) 633-0935

- Under California *Penal Code* § 278.7, the crime under §278.5 does not apply to a person with a right to custody of a child who has been a victim of domestic violence who, with a good faith and reasonable belief that the child, if left with the other person, will suffer immediate bodily injury or emotional harm, takes, entices away, keeps, withholds, or conceals that child. "Emotional harm" includes having a parent who has committed domestic violence against the parent who is taking, enticing away, keeping, withholding, or concealing the child.
- Any person, having a right of custody of the child(ren), who committed such act, **SHALL** file a report with the **District Attorney's Office** within **10** days of the taking and **SHALL** file a request for custody with the courts in the jurisdiction where the "child(ren)" had been living (within 30 days of the taking).

THE "GOOD CAUSE" REPORT DOES NOT CHANGE OR ESTABLISH CUSTODY.
THE INFORMATION CONTAINED IN THIS REPORT IS STRICTLY CONFIDENTIAL AND CANNOT BE RELEASED
WITHOUT A COURT ORDER.

TAKING PARENT OR PERSON WHO HAS PHYSICAL CUSTODY OF THE CHILD(REN):

YOUR NAME: _____
LAST FIRST MIDDLE MAIDEN

ADDRESS: _____
NUMBER STREET CITY STATE ZIP

HOME/CELL PHONE #: _____ WORK PHONE #: _____ EMAIL: _____

EMPLOYER/LAST EMPLOYER NAME AND ADDRESS: _____
PHONE #: _____

DATE OF BIRTH: _____ AGE: _____ RACE: _____ HAIR: _____ EYES: _____ HEIGHT: _____ WEIGHT: _____

SOCIAL SECURITY # _____ DRIVER'S LICENSE # _____ STATE: _____

ADDRESS WHERE CHILD(REN) IS OR WILL BE CONCEALED UNTIL COURT HEARING:

NAME OF CONTACT PERSON AT ADDRESS (SHELTER NAME IF APPLICABLE):

PHONE # AT (SHELTER) ADDRESS: _____

YOUR RELATIONSHIP TO THE CHILD(REN): _____

ADDRESS WHERE CHILD(REN) HAD BEEN LIVING: _____

HAD THIS INFORMATION BEEN REPORTED TO ANY AGENCY? YES _____ NO _____ IF YES, DATE: _____

TO WHOM: _____

POLICE, DEPARTMENT OF CHILDREN FAMILY SERVICES, ETC.

IS THERE ANY COURT ACTION INVOLVING THE CHILD(REN)? YES _____ NO _____

WHAT AND WHERE: _____

CRIMINAL, DIVORCE, DOMESTIC, CFS DETENTION, GUARDIANSHIP, ETC.

CITY AND STATE

DO YOU HAVE A CURRENT CUSTODY ORDER? YES _____ NO _____

IF YES, NAME OF CITY, COUNTY, & STATE: _____

COURT CASE FILE #: _____

HAVE YOU ALREADY FILED FOR CUSTODY OR MODIFICATION? YES _____ NO _____ IF YES, DATE: _____

DO YOU HAVE AN ATTORNEY? YES _____ NO _____

ATTORNEY: _____ PHONE #: _____ CITY: _____ STATE: _____

HAVE YOU EVER BEEN ARRESTED? YES _____ NO _____ CHARGES, CITY, STATE, DATE: _____

HAVE YOU EVER BEEN INVESTIGATED FOR A CRIME AGAINST OR INVOLVING A CHILD? _____

CHILD(REN) INFORMATION:

1. NAME: _____ DATE OF BIRTH: _____

SEX: _____ RACE: _____ HAIR: _____ EYES: _____ SOCIAL SECURITY #: _____

LAST SCHOOL ATTENDED: _____

2. NAME: _____ DATE OF BIRTH: _____

SEX: _____ RACE: _____ HAIR: _____ EYES: _____ SOCIAL SECURITY #: _____

LAST SCHOOL ATTENDED: _____

3. NAME: _____ DATE OF BIRTH: _____

SEX: _____ RACE: _____ HAIR: _____ EYES: _____ SOCIAL SECURITY #: _____

LAST SCHOOL ATTENDED: _____

4. NAME: _____ DATE OF BIRTH: _____

SEX: _____ RACE: _____ HAIR: _____ EYES: _____ SOCIAL SECURITY #: _____

LAST SCHOOL ATTENDED: _____

5. NAME: _____ DATE OF BIRTH: _____

SEX: _____ RACE: _____ HAIR: _____ EYES: _____ SOCIAL SECURITY #: _____

LAST SCHOOL ATTENDED: _____

LEFT BEHIND PARENT OR PERSON FROM WHOM THE CHILD(REN) IS BEING TAKING, DETAINED, OR CONCEALED:

NAME: _____
LAST FIRST MIDDLE MAIDEN

ADDRESS: _____
NUMBER STREET CITY STATE ZIP

HOME/CELL PHONE #: _____ WORK PHONE #: _____ EMAIL: _____

EMPLOYER/LAST EMPLOYER NAME AND ADDRESS: _____
 _____ PHONE #: _____

DATE OF BIRTH: _____ AGE: _____ RACE: _____ HAIR: _____ EYES: _____ HEIGHT: _____ WEIGHT: _____

SOCIAL SECURITY # _____ DRIVER'S LICENSE # _____ STATE: _____

WHAT IS THIS PERSON'S RELATIONSHIP TO THE CHILD(REN)?: _____

EMPLOYER/LAST EMPLOYER NAME AND ADDRESS: _____
 _____ PHONE #: _____

HAS THIS PERSON EVER BEEN ARRESTED? YES _____ NO _____ CHARGES, CITY, STATE, DATE: _____

HAS THIS PERSON EVER BEEN INVESTIGATED FOR A CRIME AGAINST OR INVOLVING A CHILD? _____

DESCRIBE ANY PAST BODILY INJURY OR EMOTIONAL HARM INFLICTED UPON YOU AND/OR THE CHILD(REN):

I _____, DECLARE UNDER PENALTY OF PERJURY THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION ON THIS "GOOD CAUSE REPORT" IS TRUE AND CORRECT. I ACKNOWLEDGED THAT I COULD BE CHARGED WITH A VIOLATION OF CA PENAL CODE § 148.5 IF I MAKE A FALSE REPORT THAT A CRIME HAS BEEN COMMITTED.

SIGNATURE OF REPORTING PERSON/PARENT: _____ DATE: _____

CALIFORNIA PENAL CODE § 278.7

(a) Section 278.5 does not apply to a person with a right to custody of a child who, with a good faith and reasonable belief that the child, if left with the other person, will suffer immediate bodily injury or emotional harm, takes, entices away, keeps, withholds, or conceals that child.

(b) Section 278.5 does not apply to a person with a right to custody of a child who has been a victim of domestic violence who, with a good faith and reasonable belief that the child, if left with the other person, will suffer immediate bodily injury or emotional harm, takes, entices away, keeps, withholds, or conceals that child. Emotional harm includes having a parent who has committed domestic violence against the parent who is taking, enticing away, keeping, withholding, or concealing the child.

(c) The person who takes, entices away, keeps, withholds, or conceals a child shall do all of the following:

(1) Within a reasonable time from the taking, enticing away, keeping, withholding, or concealing, make a report to the office of the district attorney of the county where the child resided before the action. The report shall include the name of the person, the current address and telephone number of the child and the person, and the reasons the child was taken, enticed away, kept, withheld, or concealed.

(2) Within a reasonable time from the taking, enticing away, keeping, withholding, or concealing, commence a custody proceeding in a court of competent jurisdiction consistent with the federal Parental Kidnapping Prevention Act (Section 1738A, Title 28, United States Code) or the Uniform Child Custody Jurisdiction Act (Part 3 (commencing with Section 3400) of Division 8 of the Family Code).

(3) Inform the district attorney s office of any change of address or telephone number of the person and the child.

(d) For the purposes of this article, a reasonable time within which to make a report to the district attorney s office is at least 10 days and a reasonable time to commence a custody proceeding is at least 30 days. This section shall not preclude a person from making a report to the district attorney s office or commencing a custody proceeding earlier than those specified times.

(e) The address and telephone number of the person and the child provided pursuant to this section shall remain confidential unless released pursuant to state law or by a court order that contains appropriate safeguards to ensure the safety of the person and the child.

(Added by Stats. 1996, Ch. 988, Sec. 9. Effective January 1, 1997.)