

Child Abduction Recovery Unit

Request For Investigation

QUESTIONNAIRE



Office of the District Attorney

City and County of San Francisco

Child Abduction Recovery Unit

850 Bryant Street

San Francisco, CA 94103

Hotline 415-551-9553 Fax 415-553-1410

NOTICE

The Child Abduction Recovery Unit of the San Francisco District Attorney's Office exists in part to aid parents who have had children abducted, to prosecute those who have violated the criminal laws, and to enforce orders on behalf of the Superior Court pursuant to Family Code 3130-3134.5.

The priority of this office is the protection of those children who have been abducted. 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/or 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 their authorization or by order of the court.

IF YOU DO NOT HAVE A COURT ORDER REQUIRING SERVICE, OR A COURT ORDER FOR CUSTODY AND/OR VISITATION, YOU MUST OBTAIN ONE AS SOON AS POSSIBLE. Assistance is available at the **Unified Family Court Self-Help Center**, 400 McAllister St. lower level, room 009, (415) 551-3991. If you have an ongoing visitation problem and a valid court order, you must bring the problem before the Family Law 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. 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 written, certified 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 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. Your case will be handled by a qualified Investigator who is a peace officer of the State of California. The Investigator who is assigned to your case may not be the same person 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.

This Questionnaire you are filing 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 and knows the report to be false is uilt of a misdemeanor and can be rosecuted Sec. 148.5 Penal Code . Further ou are declaring UNDER PENALTY OF PERJURY that the information is true and correct. (Sec. 118 Penal Code).

In addition, there may be civil penalties levied by the Superior Court, for filing false information on documents with the court.

I have read and understand the above notice

Dated: _____

Victim parent: _____

Witness: _____

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: _____

Victim parent: _____

Witness: _____

Reviewing investigator's signature: _____

SAN FRANCISCO DISTRICT ATTORNEY'S OFFICE

CHILD ABDUCTION RECOVERY UNIT

NOTICE OF LIABILITY

This is to advise you that pursuant to section 3134 of the California Family Code, a hearing will be held at the conclusion of this case. This hearing will be held in the court which the custody hearing is pending or which court has continuing jurisdiction. The court shall, if appropriate, allocate liability for the reimbursement of actual expenses incurred by the District Attorney to either or both parties to the proceedings. This allocation shall constitute a judgment for the State of California for funds advance pursuant to Section 3134 of the California Civil Code.

Dated: _____

Location: _____

Signature: _____

Printed Name: _____

Investigator: _____

Printed Name: _____

SAN FRANCISCO DISTRICT ATTORNEY
CHILD ABDUCTION RECOVERY UNIT
QUESTIONNAIRE

The following questionnaire must be completed with accuracy and accompanied by a CERTIFIED copy of the most recent court order(s) which relates to child custody. Please attach a recent picture of the child(ren) and the abducting parent, as well as a copy of any pertinent police report(s). **PLEASE PRINT.** Write N/A if it's not applicable, do not leave any blank spaces.

YOUR INFORMATION:

Your Full Name: _____

Have you ever used any other name (including maiden name): _____

Your Home Address: _____

City, State and Zip Code: _____

Home Phone: _____ Cellular Phone: _____

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

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

Your citizenship/immigration status: _____

Your Business Name/Address: _____

Business Phone: _____ Business Hours: _____

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

Drivers License No.: _____ State: _____

Your Relationship to Child(ren): _____ Relationship to the other parent: _____

Your Attorney: _____

Address: _____ Telephone: _____

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 number: _____

Address: _____

Were you and the other parent 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? _____

To your knowledge, has Child Protective Services (“CPS”) ever been involved with this case? _____

Who is ordered to pay child support? _____

When was the last payment made: _____

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

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

If so, why? _____

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

If so, please describe: _____

INFORMATION REGARDING CHILD(REN)

Full name of child: _____ Sex: _____

Other names used: _____ Race: _____ SS# _____

Date of Birth: _____ Place of Birth: _____

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

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

Does the child have medical or dental problems: _____

If yes, describe: _____

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

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

Babysitter: _____ Language child speaks: _____

Information Regarding the Second Missing Child (Use the back of this page for additional child(ren))

Full name of second child: _____ Sex: _____

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

Date of Birth: _____ Place of Birth: _____

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

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

Does the child have medical or dental problems? _____ If yes, describe: _____

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

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

Babysitter: _____ Language child speaks: _____

INFORMATION REGARDING OTHER PARENT

Please provide the following information regarding the parent who took the child(ren)

Full name: _____

Other names used: _____

SS# : _____ Drivers license: _____ State: _____

Birth date: _____ Birth place: _____ Race: _____

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

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

What language(s) does the other parent speak: _____

Vehicle description: _____

Year _____ Make _____ Model _____ Color _____ License # _____

Last known residence address and date address was good: _____

Last known home and cell phone numbers: _____

Other states/countries the other parent has frequented or lived and when: _____

Last known employer and address: _____

Last known employer's telephone number: _____

Name and address of union: _____ Local # _____

Is the other parent receiving or has he/she ever received SSI, VA Benefits or disability benefits? _____

If yes, what type of benefit, when, and in what County and State: _____

Is the other parent receiving or ever received welfare, AFDC, Food Stamps, or similar benefits? _____

If yes, what type of benefit, when, and in what County and State: _____

Is the other parent disabled: _____ If yes, how: _____

What type of work does the other parent normally do? _____

Has the other parent ever been arrested? _____ If yes, for what, when and in what city/county was he/she arrested: _____

Does the other parent have a violent temper: _____ if yes, explain: _____

Does the other parent own or regularly carry a weapon of any kind? _____ If yes, please explain: _____

Does the other parent 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 the other parent have a history of any physical or mental problem that would be a danger to child(ren)'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 the other parent have a life insurance policy: _____ If yes, with what company: _____

If the other parent and children have left the county, how did the other parent travel (airplane, car, etc.): _____

Is the other parent a member of any church: _____ If yes, name and address of church: _____

Is the other parent a member of any organizations: _____ If yes, name and address of organizations: _____

Does the other parent have any bank accounts? _____ If yes, name of banks and account numbers (if known): _____

Does the other parent have any credit cards? _____ If yes, name of cards and account numbers (if known): _____

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

Full Name	Age and date of birth	Address	Phone #	Relationship

Which of these family and/or friends do you think would assist the other parent in this case: _____

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

If the other parent left the area, where do you think they would go: _____

Why: _____

Name, address, and telephone number of attorney representing the other parent in this matter: _____

ADDITIONAL INFORMATION

The following information is needed solely to anticipate a possible defense by the other parent in court.

If you currently have a visitation order, how regularly have you visited the child(ren) in the past: _____

Have you ever been arrested: _____ Where: _____

When: _____

Charges: _____

Disposition/outcome: _____

Please describe the incident(s): _____

Have you ever had a physical or mental defect that could affect your ability to care for the child(ren): _____

If so, please describe: _____

What reason do you think the other parent will give for his/her action in this case: _____

Any additional information about the facts of the case, the other parent, or the child(ren) 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.

Attach photograph of the other parent and minor child(ren) & certified copy of court order(s)