

City And County of San Francisco
George Gascón District Attorney
JAMES P. KERRIGAN, Chief of Investigations

CHILD ABDUCTION UNIT

CALIFORNIA PENAL CODE 278.7 "GOOD CAUSE" STATEMENT

In absence of a court order determining rights of custody, a person (having a right of custody of the child/ren) who takes, conceals or detains a child claiming this action was necessary to protect the "child/ren" from immediate bodily injury or emotional harm, **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), setting for the basis for the immediate bodily injury or emotional harm to the "child/ren". **THIS FORM IS STRICTLY CONFIDENTIAL. INFORMATION CANNOT BE DIVULGED WITHOUT AN ORDER FROM THE COURT, AND MUST BE COMPLETED BY THE REPORTING PARTY (ABUSED PERSON). THIS FORM DOES NOT CHANGE OR ESTABLISH CUSTODY.**

Date/ Time Report Taken:

ADVISE & INITIAL. (Read the following to the Reporting Parent) :

_____ Under California Penal Code § 278.5 (a). Child Abduction is made a crime under this statute which prohibits taking, enticing away, keeping, withholding or concealing a child from the lawful custodian.

_____ 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.

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. 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.

NOTE: 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.

PERSON WHO HAS THE CHILD/REN (PHYSICALLY)

(PLEASE PRINT)

NAME: _____

Last

First

Middle

(maiden or aka)

FORMER ADDRESS: _____ ZIP: _____

CITY/STATE

PHONE HOME: _____ WORK: _____ MESSAGE: _____

ADDRESS WHERE CHILD/REN IS OR WILL BE CONCEALED UNTIL THE COURT HEARING: _____

DATE OF BIRTH: _____ AGE: _____ RACE: _____ MALE FEMALE

HAIR: _____ EYES: _____ HEIGHT: _____ WEIGHT: _____ SOCIAL SECURITY # _____

RELATIONSHIP TO CHILD/REN: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

NAME OF ATTORNEY: _____ PHONE: _____

EMPLOYER (OR LAST EMPLOYER) NAME: _____

ADDRESS: _____ ZIP: _____ PHONE: _____
CITY/STATE

Has Child Protective Services ever been involved: _____ YES NO

Name of CPS Worker: _____ County: _____ Phone: _____

Have you ever been charged or investigated for a crime against or involving a child/ren (child abuse, child neglect? Date, charge, city, etc.): _____

ARE THERE ANY PREVIOUS OR CURRENT CUSTODY ORDERS RELATED TO THE CHILDREN LISTED BELOW? IF YES, STATE/COURT/CASE NUMBER _____

CHILDREN INFORMATION

1. NAME: _____ DATE OF BIRTH: _____

MALE: _____ FEMALE: _____ AGE: _____ LAST SCHOOL ATTENDED: _____

DOCTOR: _____ PHONE: _____

2. NAME: _____ DATE OF BIRTH: _____

MALE: _____ FEMALE: _____ AGE: _____ LAST SCHOOL ATTENDED: _____

DOCTOR: _____ PHONE: _____

3. NAME: _____ DATE OF BIRTH: _____

MALE: _____ FEMALE: _____ AGE: _____ LAST SCHOOL ATTENDED: _____

DOCTOR: _____ PHONE: _____

NOTE: IF LISTING MORE THAN FIVE CHILDREN, ATTACH AN ADDITIONAL SHEET

PERSON FROM WHOM THE CHILD/REN IS BEING TAKEN, DETAINED OR CONCEALED

DATE OF BIRTH: _____ AGE: _____ RACE: _____ MALE FEMALE

NAME: _____
LAST FIRST MIDDLE (aka)

ADDRESS: _____ ZIP: _____
CITY/STATE

PHONE: (HOME) _____ WORK: _____ MESSAGE: _____

HAIR: _____ EYES: _____ HEIGHT: _____ WEIGHT: _____ SOCIAL SECURITY #: _____

DRIVERS' LICENSE NUMBER: _____ **STATE:** _____

Describe any arrests, investigations by police or Child Protective Services where this person is accused of any crime against or involving children. **(Dates, city, agency involved, etc.)** _____

Arrest for other crimes: _____

Have you filed for or are there any current Restraining Orders (TRO) related to any of the parties? If yes, court and case number _____

THIS PORTION MUST BE FILLED OUT COMPLETELY:

Describe in **detail** the bodily injury or emotional harm that threatened the child/ren: _____

ANY PERSON WHO SIGNS THIS STATEMENT AND WHO WILLFULLY STATES AS TRUE ANY MATERIAL MATTER WHICH HE KNOWS TO BE FALSE IS SUBJECT TO THE CRIMINAL PENALTIES PRESCRIBED BY LAW FOR PERJURY.

I DECLARE UNDER PENALTY OF PERJURY THE INFORMATION ON THIS FORM - ALL THREE PAGES ± IS TRUE AND CORRECT.

EXECUTED AT _____

(CITY)

(STATE)

Date

Signature of reporting party (victim)

Date

ADVOCATE/INVESTIGATOR/INV. ASST.
Signature of person who explained and/or assisted
in the completion of this form

(please print name)

IF MORE SPACE IS NEEDED TO ANSWER ANY OF THE QUESTIONS, PLEASE ATTACH AN ADDITIONAL SHEET OF PAPER.

FOR DISTRICT ATTORNEY USE ONLY

Good Cause Referred by

Out-of-County Name

Notice Sent

Left Behind Parent CARU Case#

Police Report Inc#

Current Address

Last Order Date:

Current Address