

OFFICE OF THE DISTRICT ATTORNEY

COUNTY OF SAN LUIS OBISPO, STATE OF CALIFORNIA

BUREAU OF INVESTIGATION DAN DOW District Attorney

TERRY O'FARRELL Chief Investigator



BUREAU OF INVESTIGATION CHILD ABDUCTION UNIT

REQUEST FOR INVESTIGATION OR ASSISTANCE

QUESTIONNAIRE

NOTICE

The Child Abduction Unit of the San Luis Obispo County District Attorney's Office exists to (1) aid San Luis Obispo 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 San Luis Obispo County Superior Court pursuant to our duties under Family Code sections 3130/3131.

At no time does the office of the San Luis Obispo County 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 court duties, the District Attorney acts as an aid to the Superior Court and does not represent anyone.

<u>Since we do not represent you, there is no attorney client relationship</u>. 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. 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 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 San Luis Obispo Courthouse, 3rd floor, Family Law Facilitator. The Family Law Facilitator offers free assistance. Court hearings may be requested in room #385 at the San Luis Obispo Courthouse or at the Paso Robles Branch of the San Luis Obispo Superior Court. 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 will 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 can also make a statement at the time of sentencing.

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 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 committing a crime 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 filed with the court. The maximum fine for those penalties is \$1,000.

I have read and understand the above notice.

Date

Time

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?

Date

Time

Victim Parent

Witness

SAN LUIS OBISPO COUNTY DISTRICT ATTORNEY

CHILD ABDUCTION SECTION QUESTIONNAIRE

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

YOUR INFORMATION:

Your Full Name	2:			
	Last	First	Middle	Maiden / Alias
Your Home Address	3:			
	City	State	Zip Code	
Home Phone	Message Phone		Email	
Race	Sex	Height	Weight	Hair Color
Birthday	Age	Birthplace		Eye Color
Your citizenship / immigration status	Your business n address	Your business name & address		Business Hours
Occupation	Social Security Number	Driver License Number	State	
Your relationship to the child	Relationship to suspect		_	
Name of your attorney		Address		Phone Number

FACTS OF YOUR CASE

Is this an abduction situation?

If yes, describe the circumstance surrounding the abduction (i.e. how was the suspect able to take the child/children, from where, and on what date was the child/children taken, etc.):

Has this abduction been reported to any agency?

If so, which agency?

When was it reported?

Did the suspect have assistance from anyone else in taking the child/children?

If yes, give name and address 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?

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 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?

If so, why?

If visitation or custody has been denied has a Good Cause Declaration form been completed?

If so, where?

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:

INFORMATION REGARDING THE CHILD/CHILDREN

Full name of child	Last First Middle						
Sex	Other nam	es used					
D	0 10	'. NT 1					
Race	Social Sec	urity Number					
Date of birth	Place of bi	rth	T				
Height		Weight	Hair Color	Eye Color			
			·	·			
Other marks, scars, b	races glasse	es etc					
other marks, sears, o		5, 660.					
Does the Child have	medical or d	ental problems? If yes, please des	cribe.				
Name and address of	the doctor/d	entist who has been attending the	child.				
Name and address of the doctor/dentist who has been attending the child:							
Grade and name of school last attended (name and address)							
Name and contact information of Babysitter							
Languages spoken by the child							

Full name of child	Last First Middle					
Sex	Other name	es used				
Race	Social Sec	urity Number				
Date of birth	Place of bi	rth				
Height		Weight		Hair Color	Eye Color	
Other marks, scars, b	races, glasse	es, etc.				
Doog the Child have	madicalord	ental problems? If yes	plaga daga	wiha		
		entai problems? Il yes	, please desc			
Name and address of	the doctor/d	entist who has been att	ending the c	·hild·		
Name and address of the doctor/dentist who has been attending the child:						
Grade and name of school last attended (name and address)						
Name and contact information of Babysitter						
Languages spoken by the child						
Languages spokell by						
L						

Information Regarding the Second Missing Child

Please add pages as necessary for additional children

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INFORMATION REGARDING SUSPECT

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

Full name	Last	First	Ν	Aiddle
Sex	Other names used			
Race	Social Security Number			
Date of birth	Place of birth		-	
Height	Weight		Hair Color	Eye Color
Social Security Numbe	r			

Any other distinguishing marks, scars, amputations, glasses, fascial hair, tattoos, etc.

Which language(s) does the suspect speak?					
.					
Vehicle description					
Vee	M - 1	M. J.1	Calar	Τ	
Year	Make	Model	Color	License #	
Year	Make	Model	Color	License #	
Last known address and date address was good					
Last known phone number:					

Other states suspect has frequented or lived in and when
Last known employer and address
Last known employer's phone number
Name and address of employee union
Local #
Is suspect receiving or has suspect ever received SSI, VA Benefits, or Disability Benefits?
is suspect receiving of has suspect ever received SSI, VA benefits, of Disability benefits?
If we we we that the set of the s
If yes, what type of benefit, when and in what County and State?
Is the suspect disabled? How?
How?
What does of work does the suspect usually perform?
Has the suspect ever been arrested?
If yes, for what, when, and in which city / County was the suspect arrested?
Does the suspect have a violent temper? If yes, explain.
2005 the suspect have a violent temper. If jes, explain.

Dear the suggest have any helits or helping that would halp us leasts him / her? (Errowant a
Does the suspect have any habits or hobbies that would help us locate him / her? (Frequent a
certain bar or restaurant, etc.)
Does the suspect have a history of a physical problem or mental illness that would be a danger
to the child / children's health or welfare?
to the child? children's health of wenale:
If yes, explain.
Is there a police or medical record on file regarding this problem?
If so, with which agency?
Date of report:
Can anyone testify to this behavior? If so, please give the name and contact information for
each person.
Does the suspect have a life insurance policy?
If yes, with which company?
If suspect and children have left the county, how did they travel? (airplane, car, train etc.?)
Is suspect a member of any church?
If yes, name and address of the church:
Is suspect a member of any organization?
If yes, name and address of organization(s):
Deer suspect have any healt accounts?
Does suspect have any bank accounts?
If yes, name of bank(s) and account number(s), if known:

Does suspect have an	ny credit cards?						
If yes, name of credi	t card(s) and acco	unt number(s), if know	n:			
Please provide the for sisters whether natura suspect and those that	al, step, or half) a	on regarding and friends.	g the suspe Indicate th	ct's fam hose tha	ily (incl t you be	uding brothers lieve will help	and the
Full Name	Age & DOB	Address]	Phone #	Relationship	help / not help?

Name of suspect's current spouse, live in boyfriend / girlfriend and general information regarding this person (DOB, physical appearance, employer, arrest record etc.)

If the 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? If so, where? When?

Charges:

Disposition outcome:

Have you been charged with a crime against a child (such as abuse, abandonment, molestation, or 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 this case, the suspect, or the child/ children involved that you feel would be helpful at this time?

IF YOU MOVE, OBTAIN CUSTODY OF THE CHILD / CHILDREN, OR DECIDE YOU DO NOT WANT THE ASSISTANCE OF THIS OFFICE, YOU MUST NOTIFY THE CHILD ABDUCTION UNIT IMMEDIATELY.

PLEASE ATTACH A PHOTOGRAPH OF THE SUSPECT AND MINOR CHILD / CHILDREN.

Reviewing Investigator's signature

Date

Please submit the form via email

or and fax it to (805)781-1052

To save the completed form: