



OFFICE OF THE  
**DISTRICT ATTORNEY**  
EL DORADO COUNTY, CALIFORNIA

VERN R. PIERSON, DISTRICT ATTORNEY

**CHILD ABDUCTION/VISITATION  
QUESTIONNAIRE**

CHILD ABDUCTION

VISITATION PROBLEM

**INFORMATION REGARDING THE PARTY MAKING THIS REPORT**

**PLEASE PRINT**

Date of Report: \_\_\_\_\_

Name: \_\_\_\_\_  
  Last    First    Middle

Other Names Used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_

Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Are you related to the suspect?  Yes  No  
If so, how? \_\_\_\_\_

Where you and the suspect ever married?  Yes  No If yes,  
When? \_\_\_\_\_ Where? \_\_\_\_\_

Your relationship to the child(ren)? \_\_\_\_\_

Have you ever received welfare?  Yes  No

If yes, what state and county? \_\_\_\_\_

Have there ever been any incidents of violence or abuse between you and the suspect?

Yes  No If yes, briefly explain:

Was it reported to the police?  Yes  No

If yes, what agency? \_\_\_\_\_ When? \_\_\_\_\_

Where you and the suspect ever living together?  Yes  No

If yes, when? \_\_\_\_\_

Who initiated the separation and why?

Is there a divorce decree?  Yes  No

If yes, give court case number(s) and state(s) and counties where filed:

Is there an existing custody order?  Yes  No

If yes, give court case number, date filed, state and county where filed:

Are there any pending court actions?  Yes  No

If yes, give case number, date filed, state and county where filed and date of next hearing:

Is there an existing child support order?  Yes  No

If yes, give court case number, date filed, state and county where filed:

If child support has been paid through a district attorney's office or other public agency, give the name of that agency and the period when this support was paid?

If this is an abduction situation, describe the circumstances surrounding the abduction (how was the suspect able to take the child(ren), from where and on what date was/were the child(ren) taken:

Did the suspect have assistance from anyone in taking the child(ren)?  Yes  No  
If yes, give names, ages, date of births, addresses and telephone numbers of these people and describe how they assisted?

If this is an abduction situation, what measures have you taken to locate the suspect and child(ren)?

If this is a visitation problem, describe the problems you have in exercising your rights and what steps have been taken to resolve the problem?

Date you last had contact with the suspect?

Where: \_\_\_\_\_

Describe the contact:

Have you received any correspondence from the suspect?  Yes  No  
If yes, describe the type of correspondence, when received and from where?

**IMPORTANT NOTICE**

**IF YOU MOVE, OBTAIN A COURT ORDER OF ANY KIND OR DECIDE TO DROP THIS COMPLAINT, YOU MUST NOTIFY THIS OFFICE IMMEDIATELY.**



# INFORMATION REGARDING CHILD(REN)

Name: \_\_\_\_\_  
Last First Middle

Other Names Used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

State and County of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_

Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Other information (marks, scars, braces, glasses, etc.):

Does child have any medical problems?  Yes  No

If yes, describe:

Doctor's Name: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Doctor's Telephone #: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_

Dentist's Address: \_\_\_\_\_

Dentist's Telephone #: \_\_\_\_\_

Name and address of last school attended:

What language does the child speak? \_\_\_\_\_

**ATTACH A PHOTOGRAPH OF CHILD**

## INFORMATION REGARDING CHILD(REN)

Name: \_\_\_\_\_  
Last                      First                      Middle

Other Names Used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

State and County of Birth: \_\_\_\_\_

Sex: \_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_

Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Other information (marks, scars, braces, glasses, etc.):

Does child have any medical problems?    Yes    No

If yes, describe:

Doctor's Name: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Doctor's Telephone #: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_

Dentist's Address: \_\_\_\_\_

Dentist's Telephone #: \_\_\_\_\_

Name and address of last school attended:

What language does the child speak? \_\_\_\_\_

### ATTACH A PHOTOGRAPH OF CHILD



## INFORMATION REGARDING THE SUSPECT

Name: \_\_\_\_\_  
                                    Last                                      First                                      Middle

Other Names Used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_

Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Marks, scars, tattoos, etc.: \_\_\_\_\_

Nationality: \_\_\_\_\_ Citizenship Status: \_\_\_\_\_

What language(s) does the suspect speak? \_\_\_\_\_

Last known location? \_\_\_\_\_

Last known telephone number: \_\_\_\_\_

Usual occupation: \_\_\_\_\_

Last known employer: \_\_\_\_\_

Last known employer address: \_\_\_\_\_

Last known employer telephone number: \_\_\_\_\_

Name of union: \_\_\_\_\_ Local #: \_\_\_\_\_

Union address: \_\_\_\_\_

Union telephone number: \_\_\_\_\_

Vehicle: \_\_\_\_\_  
                                    Year                                      Make                                      Model                                      Color                                      License #

Credit cards:

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Bank: \_\_\_\_\_  
Name Branch Account Number

Bank address: \_\_\_\_\_

Military: \_\_\_\_\_ Branch: \_\_\_\_\_  
Status: \_\_\_\_\_ Rate/Rank \_\_\_\_\_

Is the suspect receiving SSI, VA, disability, or welfare benefits?  Yes  No  
If yes, what type of benefit and from what county and state:

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Has suspect ever been arrested?  Yes  No  
If yes, for what, when, and in what city, county and state:

--

Does suspect have any habits or hobbies that would help locate him/her such as clubs, bars, ski resorts, lodges?

--

Does suspect have a history of physical or mental problems that would be a danger to the child(ren)?  Yes  No  
If yes, describe?

--

If the suspect left the country, what was the mode of travel?

Where would he/she go?

Is suspect a member of any church?  Yes  No

If yes, name and address of the church:

Is suspect a member of any organizations?  Yes  No

If yes, name and address of the organizations:

Is the suspect a gang member?  Yes  No

If yes, what gang?

Name of suspect's current spouse, live in boy/girl friend. Give general information regarding this person such as age, date of birth, description, address, telephone number, employer, etc.:

What reason do you feel suspect will give for his/her actions in the case?

Does the suspect have an attorney representing him/her in this matter?  Yes  No  
If yes, give the name, address and telephone number of the attorney:

Does the suspect have any child(ren) other than those that were taken in this case?  
 Yes  No

If yes, give the names and birth dates of any children as well as the name, address, date of birth, and telephone number of the other parent:

**ATTACH PHOTOGRAPH OF SUSPECT**

## SUSPECT'S FAMILY MEMBERS AND FRIENDS

Give the names, date of births or age, address and telephone number for each family member. Indicate those that are likely to help with the investigation.

Father: \_\_\_\_\_  
\_\_\_\_\_ Will they help?  Yes  No

Mother: \_\_\_\_\_  
\_\_\_\_\_ Will they help?  Yes  No

Brother/Sister: \_\_\_\_\_  
\_\_\_\_\_ Will they help?  Yes  No

Brother/Sister: \_\_\_\_\_  
\_\_\_\_\_ Will they help?  Yes  No

Other Relative: \_\_\_\_\_  
\_\_\_\_\_ Will they help?  Yes  No

Other Relative: \_\_\_\_\_  
\_\_\_\_\_ Will they help?  Yes  No

Other Relative: \_\_\_\_\_  
\_\_\_\_\_ Will they help?  Yes  No

Friend: \_\_\_\_\_  
\_\_\_\_\_ Will they help?  Yes  No

Friend: \_\_\_\_\_  
\_\_\_\_\_ Will they help?  Yes  No

Other: \_\_\_\_\_  
\_\_\_\_\_ Will they help?  Yes  No

Any additional information that may assist in locating the suspect and/or the child(ren):

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

Placerville, County of El Dorado

State of California

**I DECLARE, UNDER PENALTY OF PERJURY, THAT THE FORGOING IS TRUE AND CORRECT TO THE BEST OF MY INFORMATION AND BELIEF.**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_



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VERN R. PIERSON, DISTRICT ATTORNEY

**NOTICE**

The function of the El Dorado County District Attorney, Child Abduction Unit is to aid in the recovery of abducted children, to prosecute those who have violated the law, and to represent the Superior Court pursuant to Family Law Code sections 3130-3133, when so ordered by the court. The first priority of this office is the location and return of the abducted child(ren) and the protection of the child(ren).

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 and/or the Superior Court.

Since our office does not represent you, there is no attorney-client relationship. Information you provide to the District Attorney's Office is not confidential. Personal addresses and telephone number information will not be released without the consent of the concerned parties.

If you do not have a court order for custody/visitation, you must obtain one as soon as possible. If you have a court order that states "reasonable visitation", you must petition the Court to specify your visitation rights. If you and the other party have verbally, or by your actions, changed the terms of the order, you must petition the Court for a new custody/visitation order. The District Attorney's Office cannot file papers for you or petition the Court on your behalf.

Once the District Attorney initiates a case, the decision on how to proceed and resolve that case is at the discretion of the Office of the District Attorney. **If prosecution is pursued, you will be called as a witness for the State.**

The Questionnaire you file with the District Attorney's Office is a POLICE REPORT. Penal Code section 148.5 provides that the filing of a false police report is a misdemeanor. Also, you are declaring, under penalty of perjury, that the information you provided on this Questionnaire is true and correct. Penal Code section 118 provides that perjury is punishable as a felony. Further, there are civil penalties, levied by the Superior Court, for filing false information on documents filed with the Court.

I have read and understand the above notice.

Reporting Party: \_\_\_\_\_ Date: \_\_\_\_\_, 20 \_\_\_\_  
Signature

District Attorney Representative: \_\_\_\_\_



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**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 in which the custody hearing is pending or in the Court that has continuing jurisdiction in the matter. The Court may, if appropriate, allocate liability for the reimbursement of the 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 advanced pursuant to Section 3130-3134 of the California Family Code.

Also be advised that the District Attorney's Office may require you travel to pick up your child(ren).

Reporting Party: \_\_\_\_\_ Date: \_\_\_\_\_, 20 \_\_\_\_  
Signature

District Attorney Representative: \_\_\_\_\_