OFFICE OF THE DISTRICT ATTORNEY SPECIAL PROSECUTIONS



County of Ventura, State of California 5720 Ralston Street, Suite 300 Ventura, CA 93003 (805) 662-1750

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CHILD ABDUCTION AND RECOVERY UNIT COMPLAINT FORM

If a custody or visitation order has been entered by a court who has jurisdiction to issue a custody/ visitation order and the child(ren) is taken or detained by another person in violation of the order, California law provides that the district attorney shall take all actions necessary to locate and return the child(ren) and the person who violated the order and to assist in the enforcement of the order by use of any appropriate civil or criminal remedy.

In order to bring an action before the family law court, you must file the proper documentation. The District Attorney's Child Abduction and Recovery Unit (CARU) cannot file those papers for you or represent you in court. You have no attorney-client relationship with CARU and, therefore, any information you provide to CARU is not entitled to the protection of the attorney-client privilege. However, all the information contained in CARU files is confidential pursuant to Family Code section 17514 and may be released only as authorized by statute. Your address and telephone number will not be released to the other parent without your authorization or order of the court. If you cannot afford to hire a private attorney to assist you, you can obtain helpful information about how to proceed with your case from the following: http://www.ventura.courts.ca.gov/self-help.html and http://www.courts.ca.gov/selfhelp-custody.htm.

You should know that, if the court thinks it appropriate, you may be held liable for all costs incurred by CARU in the enforcement of family law court orders, including the cost involved in locating and returning the child(ren) to the jurisdiction of the court.

This Questionnaire you are filling out is the equivalent of filing a police report. Upon completion, you will sign this document under penalty of perjury. Please answer each and every question to the best of your ability. It is important to be as thorough as possible. Be aware that making a false police report and making a false statement under oath are crimes punishable by fine and imprisonment.

PLEASE PRINT LEGIBLY

(All information must be provided. If additional space is needed turn page over and continue on the back.)		
To be completed by CARU staff:		
DATE OF FIRST CARU CONTACT:	CARU CASE #	
MOTHER NAME:		
FATHER NAME:		
CHILD(REN) NAMES:		
FAMILY LAW CASE NUMBER:		
APDITCTION	VICITATION	

I. COMPLAINANT INFORMATION (person filling out complaint)

Last Name	First Name_		Initial
List other names you have used:			
Date of Birth	_ Driver's license or i	dentification n	umber
Race:Sex:Hair:	Eyes:	_Height:	Weight:
Street Address			
City	State	_Zip Code	
Home phone	Cell Phone		
Work phone	E-mail:		
Social media:			
Place of Birth		<u> </u>	
Your relationship to child:			
List all your addresses for last tv	wo years:		
Occupation:	Emplo	oyer Name and	d Address:
What is your primary language?		List other la	nguages you speak:
Do you have any physical or me		-	=
Please describe:			
Issues with alcohol and/or illega	al substances? Please d	escribe:	
Are there any restraining orders and case number:	in place against you?		including court information
Have there been any reports mahere or any other child(ren)? De			•
Describe all contacts you have h	and with law enforcement	ent either as a	suspect or victim:

II. SUSPECT INFORMATION (person who has child/ren)

Last Name	Fir	st Name	Initial
List other names suspec	ct has used:		
Date of Birth	Driver's 1	icense or identification	on number
Race:Sex:	Hair:Ey	es:Height: _	Weight:
Street Address			
City	State	Zip Code	2
Home phone	Ce ¹	ll Phone	
Work phone	E-r	nail:	
Social media:			
Place of Birth			
Suspect's relationship t	o child:		
List all of suspect's add	dresses for last two ye	ears:	
Occupation:		Employer Name	and Address:
What is suspect's prima	ary language?		List other languages suspect speaks:
-	- •		ct the ability to care for the
	l/or illagal substances		
issues with alcohol and	for megal substances	? Flease describe	
Does the suspect have a certain bar, club, churc	-	-	ocate him/her? (Does s/he go to a
Are there any restraining and case number:		inst suspect? Provide	e details including court information
			gainst suspect about child(ren) listed er's contact info, dates of report):
Describe all contacts su	uspect has had with la	w enforcement eithe	r as a suspect or victim:
Boyfriend/girlfriend/s	pouse of suspect (if	any):	
Name		Contact info:	

III. CHILD INFORMATION

Child # 1:			
Name:	F' .	N.C. 1.11	
Last	First	Middle	
Birth date:	Sex: Race:	Height:\	Weight:
Hair color:	Eye color:		
Other marks, scars, brac	ces, glasses, etc.:		
Does this child have an	y physical or mental defects	including allergies or other issu	
	y physical or mental defects be:		es CARU should be
_	<u> </u>		
Does child have a passp	oort?	∐ No	
CHILD'S RESIDENT	TAL INFORMATION (for	ast 5 years):	
Residence History	Address (include city and state)	Person with whom child liv (name and contact info)	ed School/Dayca Info
to present			
to			
to			
to			
to			
to			

*If more than one child is missing or abducted, submit as many copies of this page as needed.

Additional copies of this page are available upon request.

IV. <u>OTHER INFORMATION</u>:

IS THERE A CUSTODY/VISITATION ORDER? Provide all relevant info (court info/case no., etc.)

ADE THERE ATTORNEYS INVOLVED IN THIS CUSTODY/VISITATION DISPLITE?

ARE THERE ATTORN	NEYS INVOLVED IN	THIS CUSTODY/VISITA	TION DISPUTE?
Name, address and phone	e number of attorney rep	oresenting you:	
Name, address and phone	e number of attorney rep	presenting the <u>suspect</u> :	
IS THERE A CRIMINA	AL DOMESTIC VIOL	ENCE CASE RELATED	TO THIS SITUATION?
Offense date:	Police agency:	C	ase number:
Who was arrested?	Do	you have an attorney? If so,	who
Does suspect have an atto	orney? If so who		
IS THERE A CHILD S	UPPORT CASE?		
Date of last child support	payment?	Who made payment?	
What is the court location	n / case number?		

DESCRIBE <u>IN DETAIL</u> THE PROBLEM FOR WHICH YOU ARE SEEKING ASSISTANCE

(Include a brief summary of what has happened, date last saw / communicated with child; date last saw/communicated with suspect, where you think child is now, etc. Use additional pages if necessary):

Have you filed a mis	ssing person	's report regard	ing this situatio	on? Details (age	ency/report no.):
Have you reported th	nis complair	nt to any other a	gency? Details	(who/when/rep	oort no.):
DESCRIBE IN DE					
PROBLEM (use ad	ditional pag	e if necessary):			
WITNESSES:					
List names and conta	act info for i	naonla who mio	tht acciet CADI	I with investigs	ation:
				<u>o</u> with mivestiga	uion.
1					
2					
3.					
List all names and co	ontact info f	or people who	night <u>assist sus</u>	pect:	
1					
2.					
3					
DESCRIBE ALL V	EHICLES	TO WHICH S	SUSPECT HAS	S ACCESS:	
Vehicle description:					
	Year	Make	Model	Color	License No.
Vehicle description:		N # - 1.	Ŋ./f1 1	C-1-	Lines NI
	Year	Make	Model	Color	License No.

V. <u>DECLARATION</u> (WARNING: Filing a false report is a crime pursuant to Penal Code section 148.5(a))

I have read and understood the information on page one and declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct to the best of my information and belief and that I have not willfully or knowingly misrepresented or omitted any material facts relative to this case.

Executed this	day of	, 20, at	
County of	-	, State of California.	
		SIGNATURE	
		PRINTED NAME	

VI. <u>SUBMIT THE FOLLOWING</u>:

YOU <u>MUST</u> PROVIDE A COPY OF ALL RELEVANT CUSTODY ORDERS AND PAPERWORK INCLUDING DECLARATIONS SUBMITTED WITH COURT TO OBTAIN ORDER AS WELL AS ANY RESPONSE PAPERWORK FILED BY THE OTHER PARTY

YOU MAY BE REQUIRED AND SHOULD PREPARE TO PROVIDE:

- 1) PHOTOGRAPH OF SUSPECT
- 2) PHOTOGRAPH OF EACH CHILD
- 3) BIRTH CERTIFICATE OF EACH CHILD

PLEASE SEND DOCUMENTS

Mail, fax or deliver this signed complaint form and supporting documents to:

Ventura County District Attorney's Office

Special Prosecutions — CARU

5720 Ralston Street, Suite 300

Ventura, CA 93003

Fax (805) 662-1770

FAILURE TO PROVIDE SUPPORTING DOCUMENTS WILL DELAY RESPONSE TO YOUR COMPLAINT

	TO BE COMPLETED BY CARU STAFF
	porting party's identification (copied and attached hereto) and accepted this form from person
DATED:	
	CARU representative

III. <u>CHILD INFORMATION</u> (additional page) **Child** #____: (2, 3, etc.) Name: First Middle Place of birth: Birth date: _____ Sex: ____ Race: ____ Height: ____ Weight: ____ Hair color: ______Eye color: _____ Other marks, scars, braces, glasses, etc.: What language(s) does the child speak? Does this child have any physical or mental defects including allergies or other issues CARU should be aware of? Please describe: Is child seeing doctor/taking medication? Describe:_____ ☐ No Does child have a passport? Yes CHILD'S RESIDENTIAL INFORMATION (for last 5 years): Address Person with whom child lived School/Daycare Residence History (include city and state) (name and contact info) Info ____to present ____ to ____ ____ to ____ ____ to ____

____ to ____