



**OFFICE OF THE DISTRICT ATTORNEY
SPECIAL PROSECUTIONS**

**County of Ventura, State of California
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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: _____

ABDUCTION _____ **VISITATION** _____

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 identification number _____

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 _____

Your relationship to child: _____

List all your addresses for last two years: _____

Occupation: _____ Employer Name and Address: _____

What is your primary language? _____ List other languages you speak: _____

Do you have any physical or mental defects that could affect your ability to care for the child(ren)?

Please describe: _____

Issues with alcohol and/or illegal substances? Please describe: _____

Are there any restraining orders in place against you? Provide details including court information and case number: _____

Have there been any reports made to Child Protective Services about you and/or the child(ren) listed here or any other child(ren)? Details (include case worker's name, contact info, dates of report):

Describe all contacts you have had with law enforcement either as a suspect or victim: _____

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

Last Name _____ First Name _____ Initial _____

List other names suspect has used: _____

Date of Birth _____ Driver's license or identification number _____

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 _____

Suspect's relationship to child: _____

List all of suspect's addresses for last two years: _____

Occupation: _____ Employer Name and Address: _____

What is suspect's primary language? _____ List other languages suspect speaks: _____

Does suspect have any physical or mental defects that could affect the ability to care for the child(ren)? Please describe: _____

Issues with alcohol and/or illegal substances? Please describe: _____

Does the suspect have any habits or hobbies that would help us locate him/her? (Does s/he go to a certain bar, club, church, meetings etc.?) _____

Are there any restraining orders in place against suspect? Provide details including court information and case number: _____

Have there been any reports made to Child Protective Services against suspect about child(ren) listed here or any other child(ren)? Details (include case worker, worker's contact info, dates of report): _____

Describe all contacts suspect has had with law enforcement either as a suspect or victim: _____

Boyfriend/girlfriend/spouse of suspect (if any):

Name: _____ Contact info: _____

III. CHILD INFORMATION

Child # 1:

Name: _____
 Last 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: _____

Does child have a passport? Yes No

CHILD’S RESIDENTIAL INFORMATION (for last 5 years):

| Residence History | Address (include city and state) | Person with whom child lived (name and contact info) | School/Daycare Info |
|-------------------|-------------------------------------|---|------------------------|
| _____ to present | | | |
| _____ 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. OTHER INFORMATION:

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

ARE THERE ATTORNEYS INVOLVED IN THIS CUSTODY/VISITATION DISPUTE?

Name, address and phone number of attorney representing you: _____

Name, address and phone number of attorney representing the suspect: _____

IS THERE A CRIMINAL DOMESTIC VIOLENCE CASE RELATED TO THIS SITUATION?

Offense date: _____ Police agency: _____ Case number: _____

Who was arrested? _____ Do you have an attorney? If so, who _____

Does suspect have an attorney? If so who _____

IS THERE A CHILD SUPPORT CASE?

Date of last child support payment? _____ Who made payment? _____

What is the court location / case number? _____

DESCRIBE IN DETAIL 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 missing person's report regarding this situation? Details (agency/report no.): _____

Have you reported this complaint to any other agency? Details (who/when/report no.): _____

DESCRIBE IN DETAIL WHAT YOU THINK SUSPECT WILL TELL US ABOUT THE PROBLEM (use additional page if necessary): _____

WITNESSES:

List names and contact info for people who might assist CARU with investigation:

1. _____
2. _____
3. _____

List all names and contact info for people who might assist suspect:

1. _____
2. _____
3. _____

DESCRIBE ALL VEHICLES TO WHICH SUSPECT HAS ACCESS:

Vehicle description: _____

| Year | Make | Model | Color | License No. |
|------|------|-------|-------|-------------|
|------|------|-------|-------|-------------|

Vehicle description: _____

| Year | Make | Model | Color | License No. |
|------|------|-------|-------|-------------|
|------|------|-------|-------|-------------|

V. DECLARATION (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. SUBMIT THE FOLLOWING:

YOU MUST 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-----

I obtained a copy of reporting party’s identification (copied and attached hereto) and accepted this form from person identified above.

DATED: _____

CARU representative

III. CHILD INFORMATION (additional page)

Child # _____: (2, 3, etc.)

Name: _____
 Last 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: _____

Does child have a passport? Yes No

CHILD’S RESIDENTIAL INFORMATION (for last 5 years):

| Residence History | Address (include city and state) | Person with whom child lived (name and contact info) | School/Daycare Info |
|-------------------|-------------------------------------|---|------------------------|
| _____ to present | | | |
| _____ to _____ | | | |
| _____ to _____ | | | |
| _____ to _____ | | | |
| _____ to _____ | | | |