

**TORI
VERBER
SALAZAR**
DISTRICT ATTORNEY
San Joaquin County

SCOTT A. FICHTNER
Assistant District Attorney

RONALD J. FREITAS
Assistant District Attorney

Office of the District Attorney
BUREAU OF INVESTIGATIONS
222 E. Weber Ave., Suite 700
Stockton, CA 95202
P.O. Box 990, Stockton, CA 95201
Telephone: (209) 468-3620
Fax: (209) 468-3645

DAVID J. DERKSEN
Chief Investigator

SAN JOAQUIN COUNTY DISTRICT ATTORNEY CHILD ABDUCTION TEAM QUESTIONNAIRE

INTRODUCTION

The Child Abduction Team (CAT) of the San Joaquin County District Attorney's Office exists to help persons recover children who have been abducted, concealed or detained and to prosecute those who violate criminal or civil laws related to child abduction; and to represent the Superior Court pursuant to Family Code Section 3130 et. Seq., when the Court orders the District Attorney to locate and recover missing children.

THE DISTRICT ATTORNEY DOES NOT REPRESENT YOU AS AN INDIVIDUAL

You are a witness/victim. The District Attorney only represents the People of the State of California in a criminal case and/or the Superior Court in a civil case.

THERE IS NO ATTORNEY/CLIENT RELATIONSHIP BETWEEN YOU AND THE OFFICE OF THE DISTRICT ATTORNEY

Any information you may provide the District Attorney's Office **IS NOT CONFIDENTIAL**, and is subject to disclosure at the discretion of the Child Abduction Team and pursuant to law.

THE CHILD ABDUCTION TEAM HAS ABSOLUTE AND SOLE DISCRETION ON HOW TO PROCEED ON ANY GIVEN CASE

The decision to take a case to trial, plea bargain or dismiss a case is solely the decision of the Deputy District Attorney. **ONCE WE TAKE YOUR CASE, you MUST AGREE TO BE A WITNESS WHEN NEEDED.** If a defendant is convicted or pleads guilty, you, as a victim, have the right to address the sentencing judge prior to sentencing.

YOUR CASE WILL BE HANDLED BY AN INVESTIGATOR WHO MAY BE DIFFERENT FROM THE INVESTIGATOR WHO TOOK THE INITIAL REPORT.

THE ABSOLUTE PRIORITY OF THE UNIT IS TO LOCATE AND RECOVER CHILDREN WHO HAVE BEEN ABDUCTED.

VISITATION CASES WILL BE WORKED ONLY AS TIME AND RESOURCES ARE AVAILABE.

PROCEDURE

EXISTING COURT ORDER

1. In situations where a court order exists and the child is in San Joaquin County and the child's location is known, the District Attorney's Office will assist a parent in exercising his/her custodial rights in the following situations:
 - a. There is an existing valid court order issued by the court and signed by a judge defining each parent's custodial rights, and
 - b. The parent detaining or concealing the child has personal knowledge of the court order (personal knowledge is defined as being present in court when the court pronounced the order or being personally served with a copy of the court order), and
 - c. The denied parent has contacted the local law enforcement agency in whose jurisdiction he/she resides and has requested that the law enforcement agency to enforce the custody order. Prior to contacting the appropriate law enforcement agency, the parent must obtain certified copies of the last court order regarding custody. One of these certified copies must be filed with the Records Division of the local law enforcement agency. The second certified copy must be presented to the law enforcement officer who will attempt to assist a parent in enforcing the court order. If the local law enforcement agency's attempts to enforce the court order are unsuccessful or the agency cannot assist in enforcing the custody order, the parent must obtain a report from the law enforcement agency briefly stating the agency's attempts or inability to enforce the court order.
2. In situations where the whereabouts of the child is unknown, the District Attorney's Office will assist the parent in locating the child and exercising his/her custodial rights in situations which meet the criteria set forth in paragraphs 1a and b above.
3. When ordered by the San Joaquin County Superior Court, the District Attorney's Office will become involved in any case where a Petition to Determine Custody of a child has been filed in a court of competent jurisdiction or where a temporary order pending determination of custody has been entered and the whereabouts of a party in possession of the child are not known or there is a reason to believe that such party may not appear in the proceedings.

One certified copy of the Petition to Determine Custody or the temporary order pending determination of custody must be presented to the District Attorney's Office.

NO EXISTING COURT ORDER

4. As of January 1, 1997, Penal Code Section 278.5 makes it a crime for a person having a right of custody of a child (as defined in Section 7600 et. Seq., California Family Code Division 12) even in the absence of a court order determining custodial rights, to maliciously take, detain or conceal that child without good cause and with the intent to

deprive the custody right of another person.

It is important that the parent falling in this category immediately initiate the necessary court action to obtain a custody order for the child.

5. Upon completion of the District Attorney's Child Abduction Questionnaire, the complaining parent should return the questionnaire to the Office of the District Attorney's Office, Investigations Bureau at 222 E. Weber Avenue, 7th Floor, Stockton, CA 95202, along with the following:
 - a) a certified copy of the last court order regarding custody;
 - b) copies of all law enforcement reports written regarding this violation, and
 - c) a current picture of the detaining parent and child(ren).
 - d) any material that may assist the Child Abduction Team in locating the detaining parent and child(ren). This includes correspondence such as letters, emails, telephone records, utility bills, child(ren) school records, medical records and other material deemed necessary by the Child Abduction Team Member.
6. It is imperative that the District Attorney's Child Abduction Team's Questionnaire be filled out completely and that a certified copy of the last court order regarding custody and a certified copy of any court order as described in paragraph number four be forwarded to the District Attorney's Office.
7. The victim parent needs to contact the District Attorney's Investigations Division and set-up an appointment for an interview with a Child Abduction Team member.

The Child Abduction Team members may normally be reached Monday through Friday, 8:00 a.m. to 4:30 p.m., at (209) 468-3620.

CAT MEMBERS		
David Sant	Criminal Investigator	(209) 953-7719
Coy Hardiman	Investigative Assistant	(209) 468-9613
Patti Ragsdale	Clerical	(209) 953-7888

**** Certified copies of court orders can usually be obtained through the County Clerk's Office in the county where the order was made.**

In San Joaquin County, certified copies of custody and/or visitation orders can be obtained through the San County Superior Court Clerk's Office, located at 222 E. Weber Avenue, 3rd Floor, Stockton, CA 95202.

NOTICE OF LIABILITY

This is to advise you that pursuant to Section 3134 of the California Family Code, the District Attorney may request a hearing at the conclusion of this case. The court shall, if appropriate, allocate liability for the reimbursement of actual expenses incurred by the District Attorney's Office to ***EITHER*** or ***BOTH*** parties to the proceedings. This allocation shall constitute a judgment for the State of California through the County of San Joaquin for funds advanced pursuant to Section 3134 of the California Family Code.

NOTE: ***This means that court may order you, the suspect or both of you to pay back the District Attorney's Office for expenses in finding and returning your child(ren).***

EXECUTED THIS _____ DAY OF _____, 20____, AT _____, COUNTY OF SAN JOAQUIN, STATE OF CALIFORNIA, _____ (CITY)	
SIGNATURE	
PRINT NAME	
WITNESS	
DATED	

PENALTY OF PERJURY STATEMENT

YOU MUST FILL OUT THIS QUESTIONNAIRE WHICH IS A CRIME REPORT AND WHICH IS COMPLETED UNDER PENALTY OF PERJURY. KNOWINGLY GIVING FALSE OR MISLEADING STATEMENTS, MAY SUBJECT YOU TO PROSECUTION EITHER FOR FELONY PERJURY OR FILING A FALSE CRIME REPORT.

I HAVE READ AND UNDERSTAND THIS ACKNOWLEDGEMENT AND SO STATE, UNDER PENALTY OF PERJURY, THAT ALL INFORMATION I PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE.

EXECUTED THIS _____ DAY OF _____, 20____, AT _____, COUNTY _____, CALIFORNIA			
SIGNATURE		DATE	
PRINT NAME		DATE	

PC§ 118A. Perjury

Any person who, in any affidavit taken before any person authorized to administer oaths, swears, affirms, declares, deposes, or certifies that he will testify, declare, depose, or certify before any competent tribunal officer or person, in any case then pending or thereafter to be instituted, in any particular manner, or to any particular fact, and in such affidavit willfully and contrary to such oath states as true any material matter which he knows to be false, is guilty of perjury. In any prosecution under this section, the subsequent testimony of such person, in any action involving the matters in such affidavit contained, which is contrary to any of the matters in such affidavit contained, shall be prima facie evidence that the matters in such affidavit were false.

Punishment for Perjury

Perjury is punishable by imprisonment in the state prison for two, three or four years.

PC§ 148.5 False Report of a Criminal Offense

- (a) Every person who report to any peace officer listed in Section 830.1 or 830.2 or subdivision (a) of Section 830.33. District attorney, or deputy district attorney that a felony or misdemeanor has been committed. Knowing the report to be false, is guilty of a

misdemeanor if (1) the false information is given while the peace officer is engaged in the performance of his or her duties as a peace officer and (2) the person providing the false information knows or should have known that the person receiving the information is a peace officer.

CONSENT TO RELEASE MEDICAL RECORDS

PATIENT'S NAME	
DATE OF BIRTH	
SOCIAL SECURITY NUMBER	
HEALTH CARE PROVIDER	

I hereby consent to the release of all medical records, including but not limited to, medical history, narrative reports, findings, diagnosis, psychological psychiatric evaluations and treatment regime. X-ray laboratory reports, consultation reports, medication records and discharge summary made in connection with my examination and treatment for any or all injury/illness. I authorize the release of said records to the District Attorney of San Joaquin County, or his agent.

I acknowledge that I have been informed of my right not to consent to said release and that said records may be made public in connection with court proceedings. Being fully aware of such circumstances, I hereby completely discharge the above-named parties and their principals and agents from all liability that may rise from said release.

DATE	
PARENT OR GUARDIAN SIGNATURE	

REQUEST FOR INVESTIGATION SUMMARY

Full Name: _____
Last First Middle Maiden/Alias

Date of Birth: _____ Race: _____ Sex: _____ Height: _____ Weight: _____

Hair: _____ Eyes: _____ Birth Place: _____

Home Address: _____

Home Phone: _____ Message Phone: _____

Cell Phone: _____ Service Provider: _____

Email Address: _____ Provide: _____

Business Name/Address: _____

Business Phone: _____ Work days/hours: _____

Occupation: _____ Social Security Number: _____

Driver's License/State: _____

Relationship to Child: _____ Relationship to Abductor: _____

U.S. Citizen: [] Yes [] No Passport(s) Number: _____

The following questions are not asked to pry into your personal life. This information is needed to anticipate a possible defense by the suspect, if brought to court.

Are you receiving: [] SSI [] CalWorks [] Food Stamps or other benefits
If so, describe: _____

Have you ever been arrested? [] Yes [] No If so, by which law enforcement agency:

Date(s) arrested and for what charges: _____

Were you convicted? [] Yes [] No of what charges: _____

Have you ever been charged with any crimes against children (Example: Child Abuse, Child Abandonment, Failure to pay child support): Yes No

If so, please describe: _____

Were you convicted: Yes No of what charges: _____

How long have you lived at your current address: _____

If less than one year, please list addressed for the past year: _____

INFORMATION REGARDING THE SUSPECTED ABDUCTOR

Full Name: _____
Last First Middle Maiden/Alias

Date of Birth: _____ Race: _____ Sex: _____ Height: _____ Weight: _____

Hair: _____ Eyes: _____ Birth Place: _____

Home Address: _____

Home Phone: _____ Message Phone: _____

Cell Phone: _____ Service Provider: _____

Email Address: _____ Provider: _____

Business Name/Address: _____

Business Phone: _____ Work days/hours: _____

Occupation: _____ Social Security Number: _____

Driver's license/State: _____ Relationship to Child: _____

U.S. Citizen: Yes No Passport(s) Number: _____

Is suspect disabled: Yes No If yes, how: _____

Is suspect receiving SSI, Calworks, Food Stamps, VA Benefits, Disability Benefits: _____

Suspect usual occupation: _____

Does suspect have a criminal history: Yes No Please explain: _____

Does the suspect have any habits or hobbies that would help us locate him: _____

Does the suspect have a vehicle: Yes No If so, list make, model, year and colors:

Does the suspect have a life insurance policy or auto insurance: Yes No If so, which Company: _____

Do you believe someone assisted the suspect flee: Yes No If so, who (please list the Name, address, phone number and any other information you may know about this person:

Is the suspect a member of any church: Yes No If yes, name and address of church:

Is suspect associated with anyone at this church who may know his or her whereabouts:

Yes No If so, provide name and telephone number of such person: _____

Is the suspect a member of any club or organization: Yes No If so, name and address of organization _____

Does the suspect have any credit cards: Yes No If so, name of credit cards and from what bank: _____

If the suspect left San Joaquin County, where do you think they would go: _____

Why: _____

What reason do you think the suspect will give for his/her actions: _____

Does the suspect own any property? Yes No Where: _____

Please list the suspect's doctor, therapist and/or counselor's name, address and telephone:

Does the suspect pay child support? [] Yes [] No To whom: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION REGARDING THE SUSPECT'S FAMILY AND FRIENDS:

1. Mother's Full Name: _____
Address and Telephone: _____

2. Father's Full Name: _____
Address and Telephone: _____

3. Step-Parent's Full Name: _____
Address and Telephone: _____

4. Sibling's Full Name: _____
Address and Telephone: _____

5. Sibling's Full Name: _____
Address and Telephone: _____

6. Sibling's Full Name: _____
Address and Telephone: _____

7. Sibling's Full Name: _____
Address and Telephone: _____

8. Sibling's Full Name: _____
Address and Telephone: _____

9. Friend's Full Name: _____
Address and Telephone: _____

10. Friend's Full Name: _____
Address and Telephone: _____

Name of suspect's current spouse, live-in boyfriend/girlfriend: _____

Provide whatever specific information you can, regarding this person (date of birth, physical description, employer or vehicle description, etc.): _____

COURT ORDER INFORMATION

Are there any current custody orders? Yes No Type of Order (divorce, temporary restraining order, etc.): _____

Date of Order: _____ County/State where filed: _____

Court Case Number: _____ Physical Custody awarded to: _____

Visitation awarded to: _____ Terms of visitation: _____

Any court action Pending: Yes No What type of action: _____

When (date & time): _____ Where (County & State): _____

Have you ever been counseled by Family Court Mediation Services: _____

When: _____ Attorney representing you: _____

Phone Number: _____ Address: _____

Attorney representing the subject: _____ Phone Number: _____

Address: _____

Were you and the suspect previously living together: Yes No

From: _____ to _____

Married: Yes No Date: _____ County/State: _____

Did suspect live with child(ren) if unmarried: Yes No

From: _____ to _____

Separated: _____ Date of Separation: _____ City/State: _____

Reason for Separation: _____

Family Support Case Number: _____ Officer: _____

Are your child support payments current: _____

Have you ever refused to allow visitation: Yes No If so, why: _____

Have you ever imposed conditions for visits not covered in the custody order: [] Yes [] No
If so, describe the circumstances: _____

Have you had custody problems in the past with the suspect: _____

When was the last time you were allowed visitation: _____

Where did this visitation take place: _____

What attempts have you made to enforce your court ordered visitation: _____

Date you last had contact with the suspect (conversation in persons or by telephone): _____

How and where was this last contact made: _____

Date you last had contact with the child (in person or by telephone): _____

How and where was this last contact made: _____

Please describe, in detail, the circumstances surrounding this abduction (how it occurred, when, where etc): _____

INFORMATION REGARDING ABDUCTED CHILD #1

Full name of Child: _____

Last

First

Middle

Nick names: _____

Date of Birth: _____ Place of Birth: _____

Race: _____ Sex: _____ Height: _____ Weight: _____ Eye Color: _____

Hair Color: _____ Blood Type: _____ Social Security Number: _____

Date your child was discovered missing: _____

Does the minor have any broken or healed bones, artificial body parts, identifying marks/scars:

Last known school attended (name, address and phone number): _____

Name, address, telephone number of babysitter(s): _____

Name, address of pediatrician: _____

INFORMATION REGARDING ABDUCTED CHILD #2

Full name of Child: _____

Last

First

Middle

Nick names: _____

Date of Birth: _____ Place of Birth: _____

Race: _____ Sex: _____ Height: _____ Weight: _____ Eye Color: _____

Hair Color: _____ Blood Type: _____ Social Security Number: _____

Date your child was discovered missing: _____

Does the minor have any broken or healed bones, artificial body parts, identifying marks/scars:

Last known school attended (name, address and phone number): _____

Name, address, telephone number of babysitter(s): _____

Name, address of pediatrician: _____

INFORMATION REGARDING ABDUCTED CHILD #3

Full name of Child: _____
Last *First* *Middle*

Nick names: _____

Date of Birth: _____ Place of Birth: _____

Race: _____ Sex: _____ Height: _____ Weight: _____ Eye Color: _____

Hair Color: _____ Blood Type: _____ Social Security Number: _____

Date your child was discovered missing: _____

Does the minor have any broken or healed bones, artificial body parts, identifying marks/scars:

Last known school attended (name, address and phone number): _____

Name, address, telephone number of babysitter(s): _____

Name, address of pediatrician: _____

INFORMATION REGARDING ABDUCTED CHILD #4

Full name of Child: _____
Last *First* *Middle*

Nick names: _____

Date of Birth: _____ Place of Birth: _____

Race: _____ Sex: _____ Height: _____ Weight: _____ Eye Color: _____

Hair Color: _____ Blood Type: _____ Social Security Number: _____

Date your child was discovered missing: _____

Does the minor have any broken or healed bones, artificial body parts, identifying marks/scars:

Last known school attended (name, address and phone number): _____

Name, address, telephone number of babysitter(s): _____

Name, address of pediatrician: _____

INFORMATION REGARDING ABDUCTED CHILD #5

Full name of Child: _____

Last

First

Middle

Nick names: _____

Date of Birth: _____ Place of Birth: _____

Race: _____ Sex: _____ Height: _____ Weight: _____ Eye Color: _____

Hair Color: _____ Blood Type: _____ Social Security Number: _____

Date your child was discovered missing: _____

Does the minor have any broken or healed bones, artificial body parts, identifying marks/scars:

Last known school attended (name, address and phone number): _____

Name, address, telephone number of babysitter(s): _____

Name, address of pediatrician: _____

INFORMATION REGARDING ABDUCTED CHILD #6

Full name of Child: _____
Last First Middle

Nick names: _____

Date of Birth: _____ Place of Birth: _____

Race: _____ Sex: _____ Height: _____ Weight: _____ Eye Color: _____

Hair Color: _____ Blood Type: _____ Social Security Number: _____

Date your child was discovered missing: _____

Does the minor have any broken or healed bones, artificial body parts, identifying marks/scars:

Last known school attended (name, address and phone number): _____

Name, address, telephone number of babysitter(s): _____

Name, address of pediatrician: _____
