



# OFFICE OF THE DISTRICT ATTORNEY SPECIAL PROSECUTIONS

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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.)

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**ARE THERE ATTORNEYS INVOLVED IN THIS CUSTODY/VISITATION DISPUTE?**

Name, address and phone number of attorney representing you: \_\_\_\_\_

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

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**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.
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Vehicle description: \_\_\_\_\_

Year	Make	Model	Color	License No.
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**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 _____			