

## Shasta County District Attorney's Office Bureau of Investigation

## **Child Abduction Contact Information**

Shasta County DA Case # \_\_\_\_\_ Court Order Case # \_\_\_\_\_

<b>Reporting Part</b>	Name:						DOB/Age:				
Address:	Phone						ne#&]	Гуре	:		
City, State, Zip:											
Race:	Sex:	Height	:	Weight:	Hai	r:	Eye	e:	Soc.	Sec.	#:
Place of Birth:		Dr Lic	:. #:		State:		AKA:				
Notes:											
Other Parent/0	Guardian	Na	ame:							[	DOB/Age:
Address:								Pho	one # &	. Тур	e:
City, State, Zip:											
Race:	Sex: H	eight:	We	eight: Ha	air:	E	ye:	So	oc. Sec	. #:	
Place of Birth:	Dr l	_ic. #:		State:	AKA	۹:					
Notes:											
Other Parent/O	Guardian		Name	e:							DOB/Age:
Address:						Phor	hone # & Type:				
City, State, Zip:											
Race:	Sex:	Heigh	nt:	Weight:	Hai	r:	Eye	:	Soc.	Sec.	#:
Place of Birth:		Dr Lic	:. #:		State:		AKA:				
Notes:											
Child's Name:									DOB:		
Race:	Sex:	Heig	ht:	Weight:		Hair	•	Eyes		Soc	:. Sec. #:
Notes:											
Child's Name:									DOB:		
Race:	Sex:	Heig	ht:	Weight:		Hair	:	Eyes		Soc	:. Sec. #:
Notes:											
Child's Name:						r			DOB:	1	
Race:	Sex:	Heig	ht:	Weight:		Hair	:	Eyes	:	Soc	:. Sec. #:
Notes:											
Child's Name:									DOB:	1	
Race:	Sex:	Heig	ht:	Weight:		Hair	:	Eyes	:	Soc	:. Sec. #:
Notes:											
Reason for Contact:											
Was law enforcement or CFS Contacted? Yes 🗌 No 🗌											
If so, what agency? Case#											
You are declaring UNDER PENALTY OF PERJURY that this information is true and correct. (Section 118 PC)											
Reporting Party Signature:								Date	):		
	For Officials Only	– Investig Good C		Criminal C	Case	I	Date: Log Repo	ort 🗌	_Time:		

Case Notes