



Shasta County District Attorney's Office Bureau of Investigation

Child Abduction Contact Information

Shasta County DA Case # _____ Court Order Case # _____

Reporting Party		Name:				DOB/Age:	
Address:					Phone # & Type:		
City, State, Zip:							
Race:	Sex:	Height:	Weight:	Hair:	Eye:	Soc. Sec. #:	
Place of Birth:		Dr Lic. #:		State:	AKA:		
Notes:							
Other Parent/Guardian		Name:				DOB/Age:	
Address:					Phone # & Type:		
City, State, Zip:							
Race:	Sex:	Height:	Weight:	Hair:	Eye:	Soc. Sec. #:	
Place of Birth:		Dr Lic. #:		State:	AKA:		
Notes:							
Other Parent/Guardian		Name:				DOB/Age:	
Address:					Phone # & Type:		
City, State, Zip:							
Race:	Sex:	Height:	Weight:	Hair:	Eye:	Soc. Sec. #:	
Place of Birth:		Dr Lic. #:		State:	AKA:		
Notes:							
Child's Name:						DOB:	
Race:	Sex:	Height:	Weight:	Hair:	Eyes:	Soc. Sec. #:	
Notes:							
Child's Name:						DOB:	
Race:	Sex:	Height:	Weight:	Hair:	Eyes:	Soc. Sec. #:	
Notes:							
Child's Name:						DOB:	
Race:	Sex:	Height:	Weight:	Hair:	Eyes:	Soc. Sec. #:	
Notes:							
Child's Name:						DOB:	
Race:	Sex:	Height:	Weight:	Hair:	Eyes:	Soc. Sec. #:	
Notes:							
Reason for Contact:							
Was law enforcement or CFS Contacted? Yes <input type="checkbox"/> No <input type="checkbox"/>							
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 – Investigator: _____ Date: _____ Time: _____
 Good Cause Criminal Case Log Report

Case Notes