
VISITATION/CUSTODY VIOLATION REPORT FORM

Visitation/Custody Violation Report Instructions:

Use this 4-page form to self-report violation(s) of a Family Court Order related to visitation/custody issues. Please fill in all blanks completely. If a section does not apply, type N/A in the box. If you do not know the answer to a particular question, type UNKNOWN in the box. If you possess a copy of your current court orders please submit those with this completed form. When you are finished, sign and date the form, print it out, retain a copy for yourself and mail (or bring in) to:

**Yolo County District Attorney
Child Abduction Unit
301 Second Street
Woodland, CA 95695**

IMPORTANT NOTICE

Upon acceptance of this report, **ACTION MAY BE TAKEN** by the Yolo County District Attorney's Office if deemed appropriate. Should you need assistance in pursuing a civil enforcement remedy, contact a private attorney for assistance. The Yolo County District Attorney's Office **DOES NOT** represent individual parties in a visitation/custody dispute. After you complete this report, it will be kept on file with this office.

REPORTING PARTY INFORMATION

First Name	Last Name	Middle Initial
Street Address		
City/Province	State	Zip/Postal Code
Country	Work Phone	Cell Phone
Home Phone	E-mail	Date of Birth
Male <input type="checkbox"/> Female <input type="checkbox"/>	Driver's License Number	DL State
Social Security Number	Place of Employment	Employment Phone
Reporting Party's Relationship to Child		

CHILD INFORMATION

Child 1 Full Name	DOB	Male <input type="checkbox"/> Female <input type="checkbox"/>
School	Address	
Child 2 Full Name	DOB	Male <input type="checkbox"/> Female <input type="checkbox"/>
School	Address	
Child 3 Full Name	DOB	Male <input type="checkbox"/> Female <input type="checkbox"/>
School	Address	
Child 4 Full Name	DOB	Male <input type="checkbox"/> Female <input type="checkbox"/>
School	Address	
Child 5 Full Name	DOB	Male <input type="checkbox"/> Female <input type="checkbox"/>
School	Address	
Child 6 Full Name	DOB	Male <input type="checkbox"/> Female <input type="checkbox"/>
School	Address	
When/Where Did You Last See Children?		
Where Are the Children Now?		

VIOLATING PARTY INFORMATION

First Name	Last Name	Middle Initial
Street Address		
City/Province	State	Zip/Postal Code
Country	Work Phone	Cell Phone
Home Phone	E-mail	Date of Birth
Male <input type="checkbox"/> Female <input type="checkbox"/>	Driver's License Number	DL State
Social Security Number	Place of Employment	Employment Phone
Vehicle Make/Model	Vehicle Year/Color	License Plate
Pending Criminal Charges?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Location?
Violator's Relationship to Children		

Note: If you do not have the full version of Adobe Acrobat (i.e., you only have Adobe Acrobat Reader), you will only be able to fill out the form, print it and send it in to the above address via U.S. mail. Otherwise, you can fill out the form and send it via the email link.

CASE HISTORY/OTHER RELEVANT FACTS

Police Report	Yes <input type="checkbox"/>	Agency/Report #	No <input type="checkbox"/>
Restraining Order Issued	Yes <input type="checkbox"/>	Restraining Order #	No <input type="checkbox"/>
Other Court Order?	Yes <input type="checkbox"/>	Court Location/Order #	No <input type="checkbox"/>
Have You Reported Other Visitation Violations To This DA's Office?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Case Number Or Date(s) Reported			
Family Court Case Number			
Name Of Court			
Date Of Most Current Visitation Order			
Custody Arrangements You Have:			
Custody Arrangements Other Comments			
What Is The Specific Visitation Arrangement Ordered By The Court?			
Narrative - Explain How The Violation Occurred; Include Date(s), Time(s), And Location(s)?			
Printed Name	Signature		
Date Signed/Submitted			