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

Phone: 530-666-8400 Fax: 530-666-8399

# 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 Female	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 Female
School	Address	
Child 2 Full Name	DOB	Male Female
School	Address	
Child 3 Full Name	DOB	Male Female
School	Address	
Child 4 Full Name	DOB	Male Female
School	Address	
Child 5 Full Name	DOB	Male Female
School	Address	
Child 6 Full Name	DOB	Male Female
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	<u> </u>			
City/Province	State		Zip/Postal Code	
Country	Work Phone		Cell Phone	
Home Phone	E-mail Da		te of Birth	
Male Female	Driver's License Number DL		2 State	
Social Security Number	Place of Employment		<b>Employment Phone</b>	
Vehicle Make/Model	Vehicle Year/Color		License Plate	
Pending Criminal Charges?	Yes No		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	Agency/Report #	No
Restraining Order Issued	Yes	Restraining Order #	No
Other Court Order?	Yes	Court Location/Order #	No
Have You Reported Other Visitation Violations To This DA's Office?	Yes		No
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			