

CHILD ABDUCTION INTAKE FORM

Date of referral _____ Child Abduction Specialist Assigned _____

1. Social Worker: Name/ Program Type _____

Office _____ Telephone Number _____

SCSW's Name _____ Telephone Number _____

ARA's Name _____ Telephone Number _____

Court Number _____ Dept. _____ County Counsel _____ Telephone _____

2. Child's Name (A) _____ DOB _____ Age _____

Description _____

Placement: Name _____ Relationship _____

Address _____

Telephone Number _____

Child's Name (B) _____ DOB _____ Age _____

Description _____

Placement: Name _____ Relationship _____

Address _____

Telephone Number _____

PLEASE USE ADDITIONAL PAGES FOR ADDITIONAL CHILDREN

3. Date of Abduction _____ Time of Abduction _____
Name of Abductor(s) _____ Relationship _____
Address _____
Telephone Number _____

4. Person who reported Abduction _____ Date _____
How was Abduction reported _____

5. Witness(es) to the Abduction _____
Relationship _____
Address _____
Telephone Number _____

6. Circumstances surrounding Abduction _____

7. Possible whereabouts of Abductors(s) _____

8. Possible whereabouts of Child/ren _____

9. Describe your efforts to recover the child/ren _____

10. Mother's Name _____

Address _____

Telephone Number (Home) _____ (Work) _____

11. Father's Name _____

Address _____

Telephone Number (Home) _____ (Work) _____

12. Any Significant Relatives/ Interested Parties: Names/ Addresses/ Phone Number

13. Local Law Enforcement Agency _____

Detective's Name _____

Telephone Number _____ Report Number _____

Date minors entered into NCIC _____

14. Contact FBI/ Secret Service (Date) _____

FBI Agent _____ Telephone Number () _____

Ability to Respond _____

Report Number _____ Date Received _____

15. Contact D.A. Child Abduction Unit (date) _____

(Person contacted) _____

Felony Warrant possible/ requested _____ Date Requested _____

Date Warrant generated _____ Type of Warrant _____

3130 Order _____ Date requested _____

Hague Convention Treaty _____ Date requested _____

16. **CONTACT YOUR LOCAL NON-PROFIT AGENCY** (date) _____

(Person contacted) _____

Tasks given to FTC/NPO _____

17. Contact DCFS Media Section (date) _____

(Person contacted) _____

18. **ADDITIONAL INFORMATION:** _____

For Information and Resources:

Please contact Linda Quintana-Mansouri, Consultant to Los Angeles County, E-mail address:
forthechildren77@yahoo.com