



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:		
Additional Phone # or Contact Person:							
Race:	Sex:	Height:	Weight:	Hair:	Eye:	Social Security #:	
Place of Birth:	Driver License #:	State:	AKA:				
Notes:							
Other Parent/Guardian		Name:				DOB/Age:	
Address:					Phone # & Type:		
Additional Phone # or Contact person							
Race:	Sex:	Height:	Weight:	Hair:	Eye:	Social Security #:	
Place of Birth:	Driver License #:	State:	AKA:				
Notes:							
Child's Name:					DOB:		
Race:	Sex:	Height:	Weight:	Hair:	Eyes:	Social Security #:	
Notes:							
Child's Name:					DOB:		
Race:	Sex:	Height:	Weight:	Hair:	Eyes:	Social Security #:	
Notes:							
Child's Name:					DOB:		
Race:	Sex:	Height:	Weight:	Hair:	Eyes:	Social Security #:	
Notes:							
Child's Name:					DOB:		
Race:	Sex:	Height:	Weight:	Hair:	Eyes:	Social Security #:	
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

Please print the completed application and drop off at the address below:

SHASTA COUNTY DISTRICT ATTORNEY
CHILD ABDUCTION UNIT
1355 WEST STREET
REDDING, CA 96001

Or email:

* if this button does not work for you, please save the form, attach it and send to shastaboi@co.shasta.ca.us

Case Notes