

State of Wisconsin

County of _____

REQUEST FOR INVESTIGATION
of
CHILD ABDUCTION

VICTIM'S QUESTIONNAIRE

This questionnaire must be completed with accuracy.

Please also attach:

- A recent **picture** of each child
- A recent **picture** of the suspect
- A copy of any police report(s) you have filed.
- A *certified* copy of the **most recent court order(s)** that relate to the child(ren)'s custody and placement
(If you do not have a *certified* copy of such the order, a photocopy or fax copy of a certified copy is acceptable.)

IMPORTANT NOTICE

The Child Abduction Unit of the _____ County District Attorney's Office exists to help parents who have had children abducted or wrongfully withheld, to prosecute those who have violated the criminal laws in appropriate cases, and to enforce orders on behalf of the Circuit Court, pursuant to Wisconsin Statutes ss. 822.38 – 822.47.

At **no time** is the District Attorney representing you as an individual. You are a victim/witness. The District Attorney represents the People of the State of Wisconsin or the Circuit Court.

Because the District Attorney does not represent you, there is no attorney-client relationship. Therefore, any information you provide to the District Attorney's Office is not confidential and may be subject to disclosure pursuant to court rules or at the discretion of the staff of the District Attorney's Office. Your address and telephone number will not be released to the other parent without your authorization. The other party's address will not be released to you without their authorization or by order of the court.

Once the District Attorney initiates the case, **the decision on how to proceed and resolve that case is within the sole discretion of the office of the District Attorney.** If prosecution is pursued, and the other party is convicted, you as the victim/witness will have a right to address the sentencing Judge and by giving statements to the probation officer prior to sentencing of the other party. You can also make a statement at the time of the sentencing.

Your case will be handled by a qualified Investigator who is a law enforcement officer of the State of Wisconsin. The Investigator who is assigned to your case may not be the same Investigator who took the initial report.

The **first priority** of the District Attorney's office is the **location and return** of those children who have been abducted or are being wrongfully withheld and to **protect** those children.

The questionnaire you file with the District Attorney's Office is a police report. Every person who reports to the district attorney's investigator or other law enforcement officer that a crime has been committed (in this case, a parental child abduction or custodial interference) and knows the report to be false, is guilty of a misdemeanor and can be prosecuted. Further, you are declaring, under penalty of perjury, that the information you are providing in this questionnaire is true and correct.

I have read and understand the above notice.

Dated: _____

Victim Parent

Witness

STATEMENT OF INTENT

Answer **Both** These Questions:

Are you willing to appear at all court hearings necessary regarding this case? _____

Are you willing to appear at all investigative interviews necessary regarding this case? _____

Dated: _____

Victim Parent

Witness

YOUR INFORMATION

(Please PRINT)

Your full name: _____
Last First Middle

Your Home Address: _____

City, State, Zip: _____, _____

Home Phone: (____) _____ Cell: (____) _____ Message Phone: (____) _____

Fax: (____) _____ E-mail: _____

Your Race: _____ Sex: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Your Date of birth: _____ Age: _____ Birthplace: _____

Your Drivers License No. _____ State of issue: _____ Soc. Sec. No. _____ - _____ - _____

Your Employer: _____ Your Occupation: _____

Work Address: _____

Work Phone: (____) _____ Work hours: _____ to _____ Work Days: _____

Your citizenship: _____ Your Immigration Status: _____

Your relationship to the child (ren): Mother Father Other (Specify) _____

Your relationship to the other party: Husband / Wife Fiancé / Fiancée Other (Specify): _____

Your Attorney's Name:* _____

Attorney's Address:* _____

Attorney's Telephone: (____) _____ Fax: (____) _____ E-mail address: _____

*This refers to the attorney who most recently represented you in the case that resulted in the custody or visitation orders you seek to enforce.

INFORMATION ABOUT THE CHILD(REN)

Missing Child #1

Child's full name: _____ Sex: _____
Last First Middle

Other names used: _____ Race: _____ Soc. Sec. No. _____ - _____ - _____

Date of Birth: _____ Place of Birth: _____ Language(s) the child speaks:

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ (Primary): _____
(Others): _____

Other marks, scars, braces, glasses, etc. _____

Child is currently located (if known): Unknown In the state of _____ Out of USA, in Country of _____

Address: _____

Telephone: _____ Fax: _____ E-mail: _____

Does the child have medical or dental problems? _____ If yes, describe: _____

Name and address of the doctor/dentist who has been treating the child: _____

Grade in school: _____ Last known school attended (Name & Address): _____

Name of Babysitter: _____ Babysitter's Telephone: (_____) _____

Babysitter's address: _____

Is the child a U.S. citizen? Yes No Is the child a citizen of any other country? Yes No If yes, what country? _____

Child's U.S. passport number: _____ Child's other passports: Country: _____ Number: _____

Date the child was abducted or wrongful retention began: _____.

Missing Child #2

Child's full name: _____ Sex: _____
Last First Middle

Other names used: _____ Race: _____ Soc. Sec. No. _____ - _____ - _____

Date of Birth: _____ Place of Birth: _____ Language(s) the child speaks:

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ (Primary): _____
(Others): _____

Other marks, scars, braces, glasses, etc. _____

Child is currently located (if known): Unknown In the state of _____ Out of USA, in Country of _____

Address: _____

Telephone: _____ Fax: _____ E-mail: _____

Does the child have medical or dental problems? _____ If yes, describe: _____

Name and address of the doctor/dentist who has been treating the child: _____

Grade in school: _____ Last known school attended (Name & Address): _____

Name of Babysitter: _____ Babysitter's Telephone: (____) _____

Babysitter's address: _____

Is the child a U.S. citizen? Yes No Is the child a citizen of any other country? Yes No If yes, what country? _____
Child's U.S. passport number: _____ Child's other passports: Country: _____ Number: _____

Date the child was abducted or wrongful retention began: _____.

Missing Child #3

Child's full name: _____ Sex: _____

Other names used: _____ Last _____ First _____ Middle _____
Race: _____ Soc. Sec. No. _____ - _____ - _____

Date of Birth: _____ Place of Birth: _____ Language(s) the child speaks:

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ (Primary): _____
(Others): _____

Other marks, scars, braces, glasses, etc. _____

Child is currently located (if known): Unknown In the state of _____ Out of USA, in Country of _____

Address: _____

Telephone: _____ Fax: _____ E-mail: _____

Does the child have medical or dental problems? _____ If yes, describe: _____

Name and address of the doctor/dentist who has been treating the child: _____

Grade in school: _____ Last known school attended (Name & Address): _____

Name of Babysitter: _____ Babysitter's Telephone: (____) _____

Babysitter's address: _____

Is the child a U.S. citizen? Yes No Is the child a citizen of any other country? Yes No If yes, what country? _____
Child's U.S. passport number: _____ Child's other passports: Country: _____ Number: _____

Date the child was abducted or wrongful retention began: _____.

INFORMATION ABOUT COURT ORDERS

No order has ever been made by any court, anywhere, concerning the custody or placement of the child(ren).

An order has been requested of the court in _____ County in case No. _____, but no order has yet been issued.

If there has ever been an order concerning the custody or placement of the child(ren), please supply the following information:

Type of court order (Divorce, Paternity, temporary restraining order, etc.) _____

Date of court order: _____ Issuing Court: State: _____ County: _____ Case No. _____

Any other court order(s): _____ Any court action pending: _____

Which court: _____ State / County: _____

Type of court action pending: _____

Your attorney in that action: Same as listed on page 1 Different lawyer: Name: _____

Address: _____ Phone: (____) _____

If the order is from a state outside of Wisconsin, has the order been registered in Wisconsin? Yes No

If yes, in what County: _____ the Date registered: _____ Wisconsin Case No.: _____

If no, answer: a. Was the other parent given notice of the case before the order was issued? _____

b. Since it was issued, has the order been vacated, stayed, or modified by any court? If so, give details:

Were you and the other party previously living together?

If yes, during what time? _____ Were you married? _____ When: _____ Where: _____

Who initiated the separation AND why: _____

Have you ever or are you now being counseled by Family Court Services? _____

If so, who is the counselor? _____ Phone No. _____

Who is ordered to pay child support? _____ When was the last payment made? _____

Have you denied placement or visitation to the other party? _____ Why: _____

Have you ever received or refused correspondence from the other party since the separation? _____

If so, why: _____

Have there been incidents of violence or abuse between you and the other party? _____

If so, please describe: _____

INFORMATION ABOUT THE OTHER PARTY

Please provide the following information about the parent (or other person) who took or is not returning the child(ren):

Full name: _____
Last First Middle

Other names used: _____

Date of birth: _____ Place of birth: _____ Race: _____ Sex: _____

Height: _____ Weight: _____ Hair color: _____ Color of eyes: _____

Other distinguishing marks, scars, amputations, glasses, facial hair, tattoos, etc. _____

What language(s) does the other party speak? _____

Vehicle description: _____
Year Make Model Color License No. State of Lic.

Last known residence address and date the address was good: _____

Last known home telephone number: (____) _____ Last known Cell number: (____) _____

Other states other party has frequented or lived and when: _____

Last known employer and work address: _____

Last known work telephone number: (____) _____

Name & address of union: _____ Local # _____

Is other party receiving or has other party ever received SSI, VA Benefits or disability benefits? Yes No

If yes, what type of benefit, when and in what county and state: _____

Is other party disabled? Yes No If yes, state how: _____

What type of work does the other party normally do? _____

Has other party ever been arrested? Yes No If yes, for what, when, and in what city / county was other party arrested: _____

Does other party have a violent temper? Yes No If yes, explain: _____

Does the other party own or regularly carry a weapon of any kind? Yes No If yes, please explain: _____

Does other party have any habits or hobbies that would help us locate him/her? (For example, does he/she drink at a certain bar, frequent a certain restaurant, etc.): _____

Does other party have a history of any physical or mental problem that would be a danger to child(ren)'s health or welfare? Yes No

If yes, explain: _____

Is there a police or medical record on file regarding this physical or mental problem? Yes No

If yes, with what agency? _____ Date of report: _____

Can anyone testify to this behavior? Yes No If so, give name and address of such persons: _____

Does other party have a life insurance policy? Yes No If yes, with what company? _____

If other party **and** children have left this county, how did he/she travel? (airplane, car, etc.) _____

Is other party a member of any organizations? Yes No If yes, name & address of organizations: _____

Does other party have any bank accounts? Yes No If yes, name of bank(s) & account numbers [if known]: _____

Does other party have any credit cards? Yes No If yes, name of cards & account numbers [if known]: _____

Please provide the following information about the other party's family (including brothers and sisters [whether natural, step, or half]) and friends. For each, indicate those that will help the other party and those that won't.

Full Name	Age	Date of Birth	Address	Phone #	Relationship	Will help?

Name of other party's current spouse, live-in boyfriend/girlfriend: _____

Give general information about this person: Date of birth: _____ Physical description: _____

Employer: _____ Arrest Record: _____

Other information: _____

If other party left this area, where do you think he/she would go?

Why? _____

Is there an attorney representing other party in this matter? Yes No If yes, name: _____

Address: _____ Phone No. (____) _____

FACTS OF YOUR CASE

Is this an abduction situation or a wrongful retention situation? Abduction Wrongful Retention Neither one

Describe the circumstances surrounding the abduction (i.e., how was the other party able to take the child(ren), from where and on what date was the child(ren) taken, etc.) or the wrongful retention (i.e., when and where was your placement to begin, what did the other party do to prevent it):

Was the abduction or wrongful retention reported to any other agency? Yes No

If yes, which agency? _____ When was it reported? _____

Did the other party have assistance from anyone else in taking and/or retaining the child(ren) Yes No If yes, give the names and addresses of all such persons and describe how they helped:

Date you last had contact with the other party: _____ Date of your last contact with the child(ren): _____

How and where was this last contact made? _____ How and where was this last contact made? _____

ADDITIONAL INFORMATION

This information is needed ONLY to anticipate a possible defense by the other parent or other party in court.

If you currently have a visitation order, how regularly have you visited the child(ren) in the past? _____

Have you ever been arrested: Yes No If yes, Where: _____ When: _____

Charges: _____ Disposition/outcome: _____

Have you been charged with a crime against a child (e.g., abuse, abandonment, molestation/assault)? Yes No If yes, describe the incidents:

Have you ever had a physical or mental defect that could affect your ability to care for the child(ren)? Yes No If yes, please describe:

What reason do you think other party will give for his/her action in this case? _____

If there is any additional information about the facts of this case, the other party, or the child(ren) that you feel would be helpful, check this box and attach a separate sheet of paper with that information to this questionnaire.