

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: \_\_\_\_\_

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: \_\_\_\_\_.

### Missing Child #2

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: \_\_\_\_\_.

**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.