



County of Tuolumne  
**Office of the District Attorney**

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Cassandra A. Jenecke, District Attorney

CALIFORNIA PENAL CODE 278.7 "GOOD CAUSE"  
NOTIFICATION TO DISTRICT ATTORNEY

**\*\*\*PLEASE READ and SIGN\*\*\***

**CALIFORNIA PENAL CODE SECTION 278.7 states:**

(a) Section 278.5 (Parental Child Abduction) does not apply to a person with a **right to custody** of a child who, with a **good faith and reasonable belief** that the child, if left with the other person, will **suffer immediate bodily injury or emotional harm**, takes, entices away, keeps, withholds, or conceals that child.

(b) Section 278.5 does not apply to a person with a right to custody of a child who has been a victim of domestic violence who, with a good faith and reasonable belief that the child, if left with the other person, will suffer immediate bodily injury or emotional harm, takes, entices away, keeps, withholds, or conceals that child. "Emotional harm" includes having a parent who has committed domestic violence against the parent who is taking, enticing away, keeping, withholding, or concealing the child.

(c) The person who takes, entices away, keeps, withholds, or conceals a child shall do all of the following:

(1) Within a reasonable time from the taking, enticing away, keeping, withholding, or concealing, make a report to the office of the district attorney of the county where the child resided before the action. The report shall include the name of the person, the current address and telephone number of the child and the person, and the reasons the child was taken, enticed away, kept, withheld, or concealed.

(2) Within a reasonable time from the taking, enticing away, keeping, withholding, or concealing, commence a custody proceeding in a court of competent jurisdiction consistent with the federal Parental Kidnapping Prevention Act (Section 1738A, Title 28, United States Code) or the Uniform Child Custody Jurisdiction and Enforcement Act (Part 3 (commencing with Section 3400) of Division 8 of the Family Code).

(3) Inform the district attorney's office of any change of address or telephone number of the person and the child.

(d) For the purposes of this article, a reasonable time within which to make a report to the district attorney's office is at least 10 days and a reasonable time to commence a custody proceeding is at least 30 days. This section shall not preclude a person from making a report to the district attorney's office or commencing a custody proceeding earlier than those specified times.

(e) The address and telephone number of the person and the child provided pursuant to this section shall remain confidential unless released pursuant to state law or by a court order that contains appropriate safeguards to ensure the safety of the person and the child.

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**THE TUOLUMNE COUNTY DISTRICT ATTORNEY'S OFFICE CHILD ABDUCTION UNIT ACCEPTS REPORTS OF "GOOD CAUSE" PURSUANT TO PENAL CODE SECTION 278.7 BUT DOES NOT INVESTIGATE THE REPORTS. THE REPORTS SERVE ONLY AS A METHOD FOR THE REPORTING PARTY TO NOTIFY THE DISTRICT ATTORNEY'S OFFICE THAT THEY HAVE A GOOD FAITH AND REASONABLE BELIEF THAT THEIR CHILD WILL SUFFER IMMEDIATE HARM IF LEFT WITH THE OTHER PARENT. IN ADDITION TO FILING THE GOOD CAUSE NOTIFICATION, YOU ARE RESPONSIBLE FOR COMMENCING PROCEEDINGS WITHIN A REASONABLE TIME AND KEEPING THE DISTRICT ATTORNEY'S OFFICE INFORMED OF YOUR CURRENT ADDRESS AND PHONE NUMBER. FAILURE TO FULFILL ALL OF THESE REQUIREMENTS COULD RESULT IN THE FILING OF CHILD ABDUCTION CHARGES.**

## **GOOD CAUSE REPORT PRE-QUESTIONNAIRE**

- 1.** Was the child a resident of Tuolumne County PRIOR to being taken or withheld from the other parent?
- NO  **STOP.** Do not continue with this process. You will need to contact the District Attorney in the child's county of residence to file your good cause report.
- YES
- 2.** Does your relationship to the child establish a legal right to custody?
- NO  **STOP.** Do not continue with this process. Good cause defense is not available to someone not entitled to custody.
- YES
- 3.** Is there a Court ordered visitation or custody ruling in place?
- YES
- NO
- 4.** Do you have a good faith and reasonable belief that the child will suffer immediate bodily injury or emotional harm if left with the other person from whom you have taken the child?  
*Emotional harm includes the infliction of domestic violence by one parent on the parent who has taken the child.*
- NO
- YES
- 5.** Completely and accurately fill out the following information:

**PLEASE ANSWER EACH QUESTION COMPLETELY. INFORMATION IS TO REMAIN  
CONFIDENTIAL**

**PERSON WHO HAS THE CHILD (PHYSICALLY)**

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE (MAIDEN OR ALIAS)

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
HOME WORK CELL OR OTHER

ADDRESS WHERE CHILD IS OR WILL BE CONCEALED UNTIL THE COURT HEARING: \_\_\_\_\_

YOUR D.O.B.: \_\_\_\_\_ RACE: \_\_\_\_\_  MALE  FEMALE

HAIR: \_\_\_\_\_ EYES: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ SSN: \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ STATE: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

**PERSON FROM WHOM THE CHILD IS BEING TAKEN, DETAINED OR CONCEALED:**

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE (MAIDEN OR ALIAS)

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
HOME WORK CELL OR OTHER

D.O.B.: \_\_\_\_\_ RACE: \_\_\_\_\_  MALE  FEMALE

HAIR: \_\_\_\_\_ EYES: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ SSN: \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ STATE: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

Describe and list date of occurrence(s) of the bodily injury or emotional harm that threatened you and/or child which is causing you to flee, conceal, withhold: \_\_\_\_\_

Describe and list date of occurrence(s) of any *past* bodily injury or emotional harm inflicted upon you and/or child: \_\_\_\_\_

Have you filed a police report and/or a report with the Child Protective Services regarding any of the above circumstances? If yes, please list the reporting agency(ies), case number or name of social worker and the date filed. \_\_\_\_\_

Are there any current restraining orders against any of the parties involved in this matter? If yes, please list court and case number: \_\_\_\_\_

Are there any current custody or visitation orders, even if from out of state, in effect? If yes, please list court and case number: \_\_\_\_\_

Please initial here indicating that you have attached a current copy of said order(s): \_\_\_\_\_

**CHILDREN INFORMATION:**

1. Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Last school attended: \_\_\_\_\_
2. Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Last school attended: \_\_\_\_\_
3. Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Last school attended: \_\_\_\_\_
4. Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Last school attended: \_\_\_\_\_
5. Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Last school attended: \_\_\_\_\_

(If additional space is needed, please attach sheet of paper indicating child's name, DOB, sex, age and last school attended)

I acknowledge receipt of copies of pages one and five of this statement outlining the requirements of PC 278.7. In addition, I acknowledge that I could be charged with a violation of PC 148.5 – **Filing a false police report**, if I knowingly and willfully provide false information to a law enforcement officer and/or a Deputy District Attorney.

You must initial all of the following:

- \_\_\_\_\_ I understand that this form must be filled out completely and submitted to the District Attorney as soon as possible and **in no event later than 10 days** from the taking of the child
- \_\_\_\_\_ I understand that I must commence a custody proceeding as soon as possible and **in no event later than 30 days** from the taking of the child.
- \_\_\_\_\_ I understand that the address and telephone number that I provided will be kept confidential and not provided to the other parent.
- \_\_\_\_\_ I understand that I must inform the District Attorney's office of any subsequent change of address or telephone number of the reporting parent or children.
- \_\_\_\_\_ I understand that, if applicable, I should file a police report with local law enforcement and/or with Child Protective Services as soon as possible.
- \_\_\_\_\_ I understand that representatives of the District Attorney's office cannot give legal advice and that, if sought, I will be referred to a private attorney or the Self Help Law Center at the Courts.
- \_\_\_\_\_ I understand that this Good Cause Statement in no way supersedes or changes any Court orders already in effect and that any modifications can only be made by a judge or court official.

**ANY PERSON WHO SIGNS THIS STATEMENT AND WHO WILLFULLY STATES AS TRUE ANY MATERIAL MATTER WHICH S/HE KNOWS TO BE FALSE IS SUBJECT TO THE CRIMINAL PENALTIES PRESCRIBED BY LAW FOR PERJURY.**

**I DECLARE UNDER PENALTY OF PERJURY THE INFORMATION ON THIS FORM – ALL PAGES – IS TRUE AND CORRECT.**

EXECUTED AT \_\_\_\_\_, \_\_\_\_\_  
CITY STATE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF REPORTING PARTY

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF REPRESENTATIVE FROM D.A.'S OFFICE

\_\_\_\_\_  
PRINTED NAME OF REPRESENTATIVE FROM D.A.'S OFFICE