

LOS ANGELES COUNTY DISTRICT ATTORNEY'S OFFICE  
CHILD ABDUCTION SECTION  
FAX: (213) 633-5122-PHONE: (213) 974-7424

**PENAL CODE SECTION 278.7**  
**"GOOD CAUSE" REPORT FORM**

**THE FOLLOWING INFORMATION IS CONFIDENTIAL AND  
CANNOT BE RELEASED WITHOUT A COURT ORDER:**

Today's Date: \_\_\_\_\_ Date entered Shelter: \_\_\_\_\_

Reporting Parent: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License # \_\_\_\_\_ Social Security # \_\_\_\_\_

Current Location: \_\_\_\_\_

Contact Person at Current Location: \_\_\_\_\_ Phone # \_\_\_\_\_

Child(ren) with Reporting Parent:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Left behind Parent: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Reason(s) for removing and/or concealing you child(ren) from the other parent (Please describe the basis for your good faith belief that the child(ren) will suffer immediate bodily injury or emotional harm if left with the other parent): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE BE ADVISED OF THE FOLLOWING:**

In addition to this report to the District Attorney's Office, you must, within at least 30 days, commence a custody proceeding in the Superior Court of the county where the child has been living, setting forth the basis for the immediate bodily injury or emotional harm. If you fail to do so, you could be subject to prosecution for violating Penal Code Section 278.5 and 278.7.