



OFFICE OF THE DISTRICT ATTORNEY

520 Main Street, Rm 404 • Quincy, California 95971
(530) 283-6303 • Fax (530) 283-6340
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DAVID HOLLISTER
DISTRICT ATTORNEY &
PUBLIC ADMINISTRATOR

CALIFORNIA PENAL CODE SECTION 278.7 “GOOD CAUSE” NOTIFICATION TO DISTRICT ATTORNEY

Penal Code section 278.7(a) provides a potential defense to a person with a right to custody of a child (as defined in Penal Code section 277(e)) who, with a good faith and reasonable belief that the child will suffer immediate bodily injury or emotional harm if left with the other person, having an equal right to custody of that child, takes, entices away, keeps, withholds, or conceals that child from the other person.

Penal Code section 278.7(b) provides a potential defense to a person with a right to custody of a child who has been the victim of domestic violence who, with a good faith and reasonable belief that the child will suffer immediate bodily injury or emotional harm if left with the other person, takes, entices away, keeps withholds, or conceals that child. “Emotional harm” includes the infliction of domestic violence by one parent upon the parent who takes, entices away, keeps, withholds, or conceals the child.

This necessity defense temporarily prevents a prosecution under Penal Code section 278.5(a) (Parental Child Abduction).

In order to benefit from the “Good Cause” defense, the person with a right to custody who takes, etc. the child **SHALL** do all of the following:

Advise and Initial

1. Make a report of the taking within 10 days to the District Attorney’s Office of the county where the child resided before the action. _____
2. Commence a custody proceeding in a court of competent jurisdiction within 30 days from the taking. _____
3. Inform the District Attorney’s Office of any change of address or telephone number of the person and the child. _____

The address and telephone number of the person and the child provided 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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I acknowledge receipt of documents outlining the requirements of Penal Code section 278.7. In addition, I acknowledge that I could be charged with a violation of Penal Code section 148.5 if I make a false report to any Peace Officer or Prosecutor that a crime has been committed.

Date

Name (printed)

Signature

Processed by:

Date

Name (printed)

Signature

If you report that the county in which the child resided before the taking is other than Plumas County, the Plumas County District Attorney's Investigative Unit, as a courtesy to you, will forward a copy of this report to the District Attorney's Office of that county. However, to comply with the requirements of Penal Code section 278.7, you must still contact the District Attorney's Office of that county and keep them informed of any changes of address or phone number for you and/or your child.

PERSON WHO HAS PHYSICAL CUSTODY OF THE CHILD

Name: _____
Last _____ First _____ Middle _____

(other names or aliases, including maiden names)

Address: _____

Email Address: _____

Phone: _____
Home _____ Cell _____ Work _____

Address where child is or will be concealed until the court hearing:

DOB: _____ Age: _____ Race: _____ Male Female

Hair: _____ Eyes: _____ Ht: _____ Wt: _____ SSN: _____

Driver's License / ID #: _____ State: _____

Relationship to Child: _____

Name of Attorney: _____ Phone: _____

Employer (or Former Employer): _____

Employer Address: _____ Phone: _____

Is Child Protective Services (CPS) involved? _____ County: _____

Name of CPS worker: _____ Phone: _____

Describe the bodily injury and/or emotional harm threatening you and/or your child, which caused you to flee:

PERSON FROM WHOM THE CHILD WAS TAKEN

Name: _____
Last _____ First _____ Middle _____

(other names or aliases, including maiden names)

Address Child was Taken From: _____

Other Address (if applicable): _____

Email Address: _____

Phone: _____
Home _____ Cell _____ Work _____

DOB: _____ Age: _____ Race: _____ Male Female

Hair: _____ Eyes: _____ Ht: _____ Wt: _____ SSN: _____

Driver's License / ID #: _____ State: _____

Relationship to Child: _____

Name of Attorney: _____ Phone: _____

Employer (or Former Employer): _____

Employer Address: _____ Phone: _____

DATE CHILD WAS TAKEN: _____

Has the person ever been arrested? _____ County: _____

Has the person ever been charged with or investigated for a crime against a significant other (e.g., domestic violence) or a child (e.g., child abuse, child neglect)? List dates and city/county for each incident, if applicable.

CHILDREN INFORMATION

1. Name: _____

DOB: _____ Age: _____ Male Female

Last School Attended: _____

2. Name: _____

DOB: _____ Age: _____ Male Female

Last School Attended: _____

3. Name: _____

DOB: _____ Age: _____ Male Female

Last School Attended: _____

4. Name: _____

DOB: _____ Age: _____ Male Female

Last School Attended: _____

5. Name: _____

DOB: _____ Age: _____ Male Female

Last School Attended: _____

6. Name: _____

DOB: _____ Age: _____ Male Female

Last School Attended: _____