

ATTORNEY (Name, State Bar number, and address):   TELEPHONE NO.: _____ FAX NO. (Optional): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>           CASE NUMBER
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b> <input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., SUITE 130, VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	
PETITIONER:  RESPONDENT:	
<b>DECLARATION OF AUTHORIZED PERSONS FROM CHILD ABDUCTION UNIT TO INSPECT AND COPY CONFIDENTIAL FAMILY COURT FILE</b>	

Pursuant to the directives in the General Order of the Presiding Department entitled "In re the Inspection and Copying of Confidential Family Court File by the Child Abduction Unit of the District Attorney's Office," we make the following declaration individually and jointly:

I (*name*) \_\_\_\_\_ am a Criminal Investigator employed by the Office of the District Attorney for the County of San Diego and am currently assigned to the Child Abduction Unit. The unit was asked to investigate a matter in the above captioned case name and number regarding at least one of the following: (1) a parent's inability to locate his or her child; (2) a parent's noncompliance with custody and visitation orders; or (3) a court's issuance of an abduction warrant. To comply with its statutory duties, it is necessary to access a confidential family court file and make copies of documents considered relevant to the investigation. I have instructed the person below accordingly.

I (*name*) \_\_\_\_\_ am a (*title*) \_\_\_\_\_ and an authorized representative of the Office of the District Attorney for the County of San Diego. I have been instructed to inspect the above-captioned confidential family court file and to make copies of documents relevant to the investigation. At the time of the request, I will present a valid and current identification of my employment.

Each of us understands and acknowledges that we must maintain the confidentiality of the content of any and all documents reviewed and/or copied. We further understand and agree that this declaration will become part of the court's case file.

Full name(s) and birth dates(s) of the child(ren) involved: (*complete all information*)

<u>Name</u>	<u>Date of Birth</u>
_____	_____
_____	_____
_____	_____

We each declare under penalty-of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_  
\_\_\_\_\_ Signature of Investigator

Date: \_\_\_\_\_  
\_\_\_\_\_ Signature of Authorized Representative