

Department of Children and Family Services /
Bureau of Operations
Address of Regional Office
Address of Regional Office
CSW's Name
CSW's Telephone number
CSW's File number

Text in **BLACK** automatically populates when the document is created in CWS/CMS. Complete your document by referring to the **PURPLE** text.

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF LOS ANGELES**
201 Centre Plaza Drive, Monterey Park, California 91754

DCFS 729, DCFS 729A, OR DCFS 729B REPORT

<u>Hearing Date</u>	<u>Hearing Time</u>	<u>Dept./Room</u>	<u>Hearing Type/Subtype</u>
00/00/0000	08:30am	000	Warrant request

Check the appropriate box, identifying whether this is a request for an initial protective custody warrant or for the recall of a protective custody warrant.

IN THE MATTER OF

<u>Name</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Sex</u>	<u>Court Number</u>
Automatically populates	00/00/0000	X	X	CK00000

This information will be populated from the Hearing Notebook and the Client's Notebook

CHILD(REN)'S WHEREABOUTS

PARENTS/LEGAL GUARDIANS

<u>Name/ Birthdate</u>	<u>Address/ Phone</u>	<u>Relationship/ To Whom</u>
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OTHERS

<u>Name/ Birthdate</u>	<u>Address/ Phone</u>	<u>Relationship/ To Whom</u>
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ATTORNEYS

<u>Name</u>	<u>Address/ Phone</u>	<u>Representing</u>
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INDIAN CHILD WELFARE ACT STATUS**NOTICES**

<u>Name</u>	<u>Relationship</u>	<u>Method</u>	<u>Notice Date</u>
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LEGAL HISTORY**300 WIC Subsection(s)****Initial Removal****Initial Detention Order****Initial Jurisdiction Finding****Initial Disposition Order****Initial 364 FM Review****Second 364 FM Review****Initial 366.21(e) – 6 Month FR
Review****Initial 366.21(f) – 12 Month FR
Review****Initial 366.22 – 18 Month FR
Review****FR Services Terminated****Non-Reunification Ordered****Initial Permanent Plan: Type/ Date Ordered****Current Permanent Plan: Type/ Date Ordered****Additional Legal History****REASON FOR APPLICATION****Check the box that is applicable.**

Do not "Tab" to go through the check boxes. Click on the box that best meets the child/youth's needs. The child/youth's name will appear in the appropriate line of text affiliated with the checkbox.

Add additional names when the child/youth's name appears after the box is checked.

REASON FOR RECOMMENDATION**State the date and the places the child/youth was last seen.****Describe the circumstances of the child/youth's running away or abduction.**

Discuss that a color photograph of the child/youth, or a black and white photograph if a color one was unavailable, was sent to the Abducted and Runaway Kids System (ARKS) via email or by mail along with the [DCFS 729](#) Protective Custody Warrant Request or [DCFS 729A](#) Protective Custody Warrant Recall Request.

- Describe the reason(s) why the protective custody warrant and/or arrest warrant is needed.
- If the warrant is being recalled and if the child/youth has been located, detained, and placed, described briefly the circumstances under which he/she was found.

EFFORTS TO LOCATE THE CHILD/FAMILY

Discuss the possible whereabouts or destination of the child/youth and/or the abductor.

Document all efforts made to locate the child/youth prior to the submission of the request.

Address that a copy of the child/youth's identifying information, a copy of his/her photograph, and his/her age in the photograph was hand delivered to the ARKS Liaison.

DESCRIPTION – CHILD(REN)/YOUTH

[Complete for the DCFS 729 and DCFS 729B only.]

Provide a detailed description of the child/youth, including his/her height, weight, eye color, hair color and style, race, and any distinguishing marks, scars, or tattoos.

DESCRIPTION – PARENT(S)/OTHER ADULT(S)

[Complete for the DCFS 729 and DCFS 729B only.]

Provide a detailed description of the abductor, including his/her height, weight, eye color, hair color and style, race, and any distinguishing marks, scars, or tattoos.

List all of the abductor's prior arrests and/or incarcerations, including his/her booking number and prison number.

REASON FOR RECALLING PROTECTIVE CUSTODY/ARREST WARRANT

[Complete for the DCFS 729A only.]

If applicable, check the appropriate box, and provide information for recalling the warrant.

REASON(S)/CIRCUMSTANCE(S) FOR MISSING CHILD(REN)/YOUTH

[Complete for the DCFS 729 and DCFS 729B only.]

Check the appropriate box. The child/youth's information will populate when the appropriate box is checked.

CIRCUMSTANCES OF YOUTH'S RETURN

[Complete for DCFS 729B only.]

Provide requested information.

PATERNITY/LEGAL RELATIONSHIPS

CRIMINAL HISTORY

CURRENT SITUATION

Statements/Observations

Child(ren):

Parents/Legal Guardians:

Others:

ASSESSMENT/EVALUATION

ATTACHMENTS

RECOMMENDATION

[Complete for the DCFS 729 and DCFS 729A only.]

The child/youth's information will populate when the appropriate box is checked.

Respectfully Submitted,

Philip L. Browning, Director
Department of Children and Family Services

By

Child's name

CK00000

CSW's Name, File number, and Telephone Number

Date

SCSW's Name and Telephone Number

Date

I have read and considered the above report.

Judicial Officer

Date