



# **WRIT OF HABEAS CORPUS**

## **SHERIFF'S OFFICE REQUIREMENTS**

1. Pre-paid, non-refundable, Sheriff's Fee of \$305.00 for processing/executing the Writ. **WE DO NOT ACCEPT FEE WAIVERS.**
2. Completion of the Missing Child Information Questionnaire. (This is to assist in the investigation and recovery of the child.)
3. Original or certified copies of Writ of Habeas Corpus, Petition for Writ of Habeas Corpus, Order to Issue Writ of Habeas Corpus and Warrant in Aid of Writ of Habeas Corpus.
4. Photographs – if available. These will be returned.

### **PLEASE NOTE:**

Once the documents are received by our office, the Civil Division will conduct a review to determine if there is adequate time and staffing to enforce the Writ that day or the following business day.

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## MISSING CHILD INFORMATION QUESTIONNAIRE

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Date: \_\_\_\_\_

Thurston County Superior Court Cause No.: \_\_\_\_\_

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### INFORMATION REGARDING VICTIM PARENT

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Full Name: \_\_\_\_\_  
Last First Middle

Maiden/Alias Names: \_\_\_\_\_

Home Address: \_\_\_\_\_ Work Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Race: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Relationship to Child(ren): \_\_\_\_\_ Relationship to Abductor: \_\_\_\_\_

Have you ever been arrested? YES NO *If yes, provide date, charges, location, outcome.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have any allegations been made against you regarding crimes against children? YES NO  
(abuse, abandonment, molestation, assault) Alleged Victim: \_\_\_\_\_ (explain below)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IMPORTANT: Victim Parent must read and sign final page.**

## INFORMATION REGARDING SUSPECT

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Full Name: \_\_\_\_\_  
Last First Middle

Maiden/Alias Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Race: \_\_\_\_\_ Eyes: \_\_\_\_\_ Complexion: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
Hair Color: \_\_\_\_\_ Is hair: wavy curly straight Hair style: (ie: ponytail): \_\_\_\_\_

Other identifiers (Scars, marks, tattoos, pierced ears, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Home Address: \_\_\_\_\_ Work Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Previous Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Language(s) suspect speaks: \_\_\_\_\_

Military: \_\_\_\_\_ Branch: \_\_\_\_\_ Status: \_\_\_\_\_

Suspect Vehicle License No.: \_\_\_\_\_ State: \_\_\_\_\_ Vehicle Year: \_\_\_\_\_  
Make/Model: \_\_\_\_\_ Style: \_\_\_\_\_ Vehicle Color: \_\_\_\_\_  
Vehicle Identification No.: \_\_\_\_\_ Registered Owner: \_\_\_\_\_  
Legal Owner: \_\_\_\_\_ Other: \_\_\_\_\_

Has the suspect ever been arrested? YES NO *If yes, provide date, charges, location, outcome.*

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**IMPORTANT: Victim Parent must read and sign final page.**

Does the suspect have a history of medical, mental, or physical disabilities or conditions? YES NO  
*If yes, describe below.*

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Could the history noted above endanger the health or welfare of the child(ren)? YES NO N/A  
*If yes, describe below.*

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Does the suspect take medication/drugs? YES NO  
*If yes, describe below.*

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Possible Hazards/Officer Safety Information (describe below):  
*(Does the suspect have access to firearms, are they known to be assaultive/combatative, affiliated with any radical group, etc.)*

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Additional information to assist with locating the child(ren):  
*(Possible location(s), best day/time to make contact, etc.)*

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**Abducting Parent's Family or Associates.** List full names, dates of birth, addresses, phone numbers and relationship of family and friends who might know the suspect's whereabouts:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_

NOTE: MAKE COPIES OF THIS PAGE IF YOU NEED TO INCLUDE ADDITIONAL SUBJECTS

**IMPORTANT: Victim Parent must read and sign final page.**

## INFORMATION REGARDING MISSING CHILD(REN)

**\*\*Complete physical descriptions CRITICAL for computer entry\*\***

### CHILD #1

Child's Full Name: \_\_\_\_\_  
Last First Middle

Nickname/Alias Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Race: \_\_\_\_\_ Eyes: \_\_\_\_\_ Complexion: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
Hair Color: \_\_\_\_\_ Is hair: wavy curly straight Hair style: (ie: ponytail): \_\_\_\_\_

School Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Grade: \_\_\_\_\_

Medical/Dental Problems: \_\_\_\_\_  
Disabilities: \_\_\_\_\_

Other Identifiers: \_\_\_\_\_  
(Marks, scars, braces, glasses, pierced ears, etc.)

*Attach recent photo*

### CHILD #2

Child's Full Name: \_\_\_\_\_  
Last First Middle

Nickname/Alias Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Race: \_\_\_\_\_ Eyes: \_\_\_\_\_ Complexion: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
Hair Color: \_\_\_\_\_ Is hair: wavy curly straight Hair style: (ie: ponytail): \_\_\_\_\_

School Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Grade: \_\_\_\_\_

Medical/Dental Problems: \_\_\_\_\_  
Disabilities: \_\_\_\_\_

Other Identifiers: \_\_\_\_\_  
(Marks, scars, braces, glasses, pierced ears, etc.)

*Attach recent photo*

**IMPORTANT: Victim Parent must read and sign final page.**

### CHILD #3

Child's Full Name: \_\_\_\_\_  
Last First Middle

Nickname/Alias Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Race: \_\_\_\_\_ Eyes: \_\_\_\_\_ Complexion: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
Hair Color: \_\_\_\_\_ Is hair: wavy curly straight Hair style: (ie: ponytail): \_\_\_\_\_

School Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Grade: \_\_\_\_\_

Medical/Dental Problems: \_\_\_\_\_  
Disabilities: \_\_\_\_\_

Other Identifiers: \_\_\_\_\_  
(Marks, scars, braces, glasses, pierced ears, etc.)

Attach recent photo

### CHILD #4

Child's Full Name: \_\_\_\_\_  
Last First Middle

Nickname/Alias Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Race: \_\_\_\_\_ Eyes: \_\_\_\_\_ Complexion: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
Hair Color: \_\_\_\_\_ Is hair: wavy curly straight Hair style: (ie: ponytail): \_\_\_\_\_

School Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Grade: \_\_\_\_\_

Medical/Dental Problems: \_\_\_\_\_  
Disabilities: \_\_\_\_\_

Other Identifiers: \_\_\_\_\_  
(Marks, scars, braces, glasses, pierced ears, etc.)

Attach recent photo

**IMPORTANT: Victim Parent must read and sign final page.**

### **Affidavit & Agreement to Conditions**

I declare under penalty of perjury under the laws of the State of Washington that the information I have provided on the Missing Child Questionnaire (*and/or other statements provided to the Thurston County Sheriff's Office*) is true and correct; that I have not willfully or knowingly misrepresented or omitted any material facts or information relative to this case. I am willing to appear at any interviews and/or all court hearings regarding this case. I will immediately notify the Thurston County Sheriff's Office Civil Unit (*directly, or via the Thurston County Sheriff's Office Communication Center: 360-704-2740*), if the children are located and/or returned. I also understand that, regardless of the nature of the location/recover, the Thurston County Sheriff's Office (and the petitioning parent) is required to appear before Presiding Judge with the child(ren) for a Return of Service Hearing as soon as possible once the child is recovered.

Furthermore, I understand that the Order to issue the Writ of Habeas Corpus is DIRECTED TO the Thurston County Sheriff's Office. As such, ONLY the assigned Civil Deputy or designated agent thereof; (ie – other law enforcement), is authorized to affect Service of the Writ. The Writ documents should not be presented or otherwise represented to any other person or agency without the express knowledge and direction of the Civil Deputy assigned to after service of the Writ. The Thurston County Sheriff's Office is acting under a direct order of the Presiding Judge and reserves the right to refer criminal or civil charges (*under RCW Chapters 9A.60, RCW 9A.72, RCW 9A.76, RCW 9A.84, and any other applicable law*) against any person who, directly or indirectly, interferes in the manner described above, or in any other way intervenes without authorization of the assigned detective.

Date: \_\_\_\_\_ Place \_\_\_\_\_

Applicant Parent: \_\_\_\_\_  
Signature

Attorney for Parent: \_\_\_\_\_  
Signature