

Title	Cooperation Request Model Form under the 1996 Child Protection Convention
Document	Prel. Doc. No 8C of February 2026 <i>Provisional version, pending the finalisation of the French and Spanish versions.</i>
Author	PB
Agenda Item	Item III.1.b
Mandate(s)	C&D No 24 of CGAP 2024
Objective	To approve the final revised version of the Cooperation Request Model Form under the 1996 Child Protection Convention.
Action to be Taken	<div>For Decision <input type="checkbox"/></div> <div>For Approval <input checked="" type="checkbox"/></div> <div>For Discussion <input type="checkbox"/></div> <div>For Action / Completion <input type="checkbox"/></div> <div>For Information <input type="checkbox"/></div>
Annexes	Cooperation Request Model Form under the 1996 Child Protection Convention (final revised version)
Related Documents	Prel. Doc. No 11 of June 2025 - Draft Cooperation Request Model Form under the 1996 Child Protection Convention (first revised version)

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Cooperation Request Model Form under the 1996 Child Protection Convention

I. Introduction

- 1 The PB recalls Conclusion & Decision (C&D) No 24 of CGAP 2024 regarding the draft Cooperation Request Recommended Model Form under the 1996 Child Protection Convention, which reads as follows:

“CGAP requested that, subsequent to its work on the 1996 Country Profile, the WG progress work on the draft Cooperation Request Recommended Model Form under the 1996 Child Protection Convention for the approval of CGAP in due course.”
- 2 A Working Group (WG) was established in March 2024 to complete the Country Profile under the 1996 Child Protection Convention and then to work on the draft Cooperation Request Model Form for the 1996 Child Protection Convention. After completing its work on the Country Profile in October 2024, the WG worked on the draft Model Form, taking into account comments provided by Members and Contracting Parties ahead of the Eighth Meeting of the Special Commission (SC) on the 1980 Child Abduction and 1996 Child Protection Conventions in October 2023. The revised Model Form was circulated to HCCH Members and Contracting Parties to the 1996 Child Protection Convention for comments on 10 June 2025 with a consultation period open until 19 September 2025 (Circ. No 41(25)). No substantive comments were received from Members and Contracting Parties.
- 3 The PB thanks all the members of the WG for their contributions and is grateful to Members that participated in the consultation.
- 4 The final revised version of the Model Form can be found in Annex I below.

II. Proposal to CGAP

- 5 Based on the foregoing, the PB proposed the following C&D for CGAP's consideration:

CGAP commended the WG tasked with finalising the draft *Cooperation Request Recommended Model Form* for the 1996 Child Protection Convention for its work and approved the Model Form.

ANNEX

HCCH 1996 CHILD PROTECTION CONVENTION

COOPERATION REQUEST MODEL FORM*

*For requests between authorities under Articles 30-32 and 34-36**

Pursuant to Article 37 of the Convention, information that is likely to place the child's person or property in danger or constitute a serious threat to the liberty or life of a member of the child's family shall not be requested or transmitted.

Pursuant to Article 41 of the Convention, personal data gathered or transmitted under the Convention shall be used only for the purposes for which it was gathered or transmitted.

Pursuant to Article 42 of the Convention, the authorities to whom information is transmitted shall ensure its confidentiality, in accordance with the law of their State.

By completing this form, the relevant authorities acknowledge that consideration was given to Articles 37, 41 and 42 of the 1996 Convention.

1. Relevant authorities

Name of the requesting authority	Click or tap here to enter text.
Contact person	Click or tap here to enter text.
Email address	Click or tap here to enter text.
Telephone number	Click or tap here to enter text.
Language(s) spoken / understood	Click or tap here to enter text.
Address (incl. name of State)	Click or tap here to enter text.
File No in the requesting State	[To be completed when submitting the form] Click or tap here to enter text.
Name of requested State	Click or tap here to enter text.
Name of the requested authority (if known)	Click or tap here to enter text.

2. Nature of the request

Type of request	
<i>Please tick the box(es) that apply</i>	
<input type="checkbox"/> Article 30 – Any request under the 1996 Convention, especially those not covered by Arts 31-32 and 34-36.	
<input type="checkbox"/> Article 31(a) – To facilitate communications for the purpose of Arts 8 and 9	
<input type="checkbox"/> Article 31(b) – To facilitate agreed solutions by mediation or similar means	
<input type="checkbox"/> Article 31(c) – To provide assistance in discovering the whereabouts of a child	
<input type="checkbox"/> Article 32(a) – To provide a report on the situation of the child	
<input type="checkbox"/> Article 32(b) – To consider the need to take measures for the protection of the child	
<input type="checkbox"/> Article 34(1) – To communicate information relevant to the protection of the child	
<input type="checkbox"/> Article 35(1) – To assist in the implementation of measures of protection (e.g., effective exercise of rights of access or right to maintain direct contact)	
<input type="checkbox"/> Article 35(2) – To gather information or evidence on the suitability of a parent to exercise access and on the conditions under which access is to be exercised	
<input type="checkbox"/> Article 36 – To inform about the serious dangers a child is exposed to and the measures taken or under consideration	
If relevant, please specify any urgency and / or relevant deadlines / ongoing proceedings	Click or tap here to enter text.

* Please note that this is an optional model form.

* This Cooperation Request Model Form may be used for general requests under the framework of the HCCH 1996 Child Protection Convention. This form is **not** meant to be used in cases of the obligatory consultation instituted by Art. 33 of the Convention, when an authority with jurisdiction under Arts 5 to 10 of the Convention is contemplating the placement or the provision of care of a child to take place in another Contracting State.

3. Information concerning the child(ren)

If the request concerns more than two children, please add more rows as appropriate

Child (1)	
Family name(s)	Click or tap here to enter text.
Given name(s)	Click or tap here to enter text.
Alias	Click or tap here to enter text.
Place and date of birth	[Place], [dd/mm/yyyy]
Nationality(ies)	Click or tap here to enter text.
Address (if known)	Click or tap here to enter text.
Assumed whereabouts of the child (if known)	Click or tap here to enter text.
Language(s) spoken / understood	Click or tap here to enter text.
If necessary, please provide additional information concerning the child	Click or tap here to enter text.
Child (2)	
<i>Please complete if appropriate</i>	
Family name(s)	Click or tap here to enter text.
Given name(s)	Click or tap here to enter text.
Alias	Click or tap here to enter text.
Place and date of birth	[Place], [dd/mm/yyyy]
Nationality(ies)	Click or tap here to enter text.
Address (if known)	Click or tap here to enter text.
Assumed whereabouts of the child (if known)	Click or tap here to enter text.
Language(s) spoken / understood	Click or tap here to enter text.
If necessary, please provide additional information concerning the child	Click or tap here to enter text.

4. Persons related to the request

Please complete as appropriate / relevant to the request.

Person (1)	
<input type="checkbox"/> Custodial legal parent <input type="checkbox"/> Non-custodial legal parent <input type="checkbox"/> Legal or customary guardian <input type="checkbox"/> Other person related to the request (please specify): Click or tap here to enter text.	
Family name(s)	Click or tap here to enter text.
Given name(s)	Click or tap here to enter text.
Alias	Click or tap here to enter text.
Place and date of birth	[Place], [dd/mm/yyyy]
Nationality(ies)	Click or tap here to enter text.
Contact details (incl. address)	Click or tap here to enter text.
Assumed whereabouts (if known)	Click or tap here to enter text.
Identity / travel document(s), number(s) and validity dates thereof (if known)	Click or tap here to enter text.
Language(s) (please specify for each language: spoken, written, understood)	Click or tap here to enter text.
Please specify the relevance of this person to this request ¹	Click or tap here to enter text.

¹ For example, this may be the person currently accompanying the child, the person with whom the child is staying in the requested State, the person the child is traveling to meet in the requested State, the person about whom information is sought that can be relevant to the protection of the child.

Person (2)	
<input type="checkbox"/> Custodial legal parent <input type="checkbox"/> Non-custodial legal parent <input type="checkbox"/> Legal or customary guardian <input type="checkbox"/> Other person related to the request (please specify): Click or tap here to enter text.	
Family name(s)	Click or tap here to enter text.
Given name(s)	Click or tap here to enter text.
Alias	Click or tap here to enter text.
Place and date of birth	[Place], [dd/mm/yyyy]
Nationality(ies)	Click or tap here to enter text.
Contact details (incl. address)	Click or tap here to enter text.
Assumed whereabouts (if known)	Click or tap here to enter text.
Identity / travel document(s), number(s) and validity dates thereof (if known)	Click or tap here to enter text.
Language(s) (please specify for each language: spoken, written, understood)	Click or tap here to enter text.
Please specify the relevance of this person to this request ²	Click or tap here to enter text.
Person (3)	
<input type="checkbox"/> Custodial legal parent <input type="checkbox"/> Non-custodial legal parent <input type="checkbox"/> Legal or customary guardian <input type="checkbox"/> Other person related to the request (please specify): Click or tap here to enter text.	
Family name(s)	Click or tap here to enter text.
Given name(s)	Click or tap here to enter text.
Alias	Click or tap here to enter text.
Place and date of birth	[Place], [dd/mm/yyyy]
Nationality(ies)	Click or tap here to enter text.
Contact details (incl. address)	Click or tap here to enter text.
Assumed whereabouts (if known)	Click or tap here to enter text.
Identity / travel document(s), number(s) and validity dates thereof (if known)	Click or tap here to enter text.
Language(s) (please specify for each language: spoken, written, understood)	Click or tap here to enter text.
Please specify the relevance of this person to this request*	Click or tap here to enter text.

² For example, this may be the person currently accompanying the child, the person with whom the child is staying in the requested State, the person the child is traveling to meet in the requested State, the person about whom information is sought that can be relevant to the protection of the child.

5. Details relating to the request

Please summarise the circumstances surrounding the current request
<i>If this request relates to Art. 31(c) (assistance in discovering the whereabouts of a child / children), please provide any relevant information about the presumed whereabouts of the child(ren) and / or a photo and / or a brief physical description of the child(ren) (e.g., height, weight, hair colour, eye colour, distinctive physical characteristics such as scars or birth marks).</i>
Click or tap here to enter text.
Please indicate the main concerns regarding the child(ren)
Click or tap here to enter text.
Please outline the information / service / cooperation sought from the requested authority
Click or tap here to enter text.
Are there any ongoing mediation, administrative or judicial proceedings in the requesting State that are relevant to the present request?
<input type="checkbox"/> Yes Please provide more information: Click or tap here to enter text.
<input type="checkbox"/> No
Please provide any other additional information relevant to the request
Click or tap here to enter text.

6. Accompanying documents

This form is accompanied by the following documents:
Click or tap here to enter text.

Full Name of the requesting authority employee: Click or tap here to enter text.

Place: Click or tap here to enter text.

Date: Click or tap here to enter text.