

REQUEST FOR RETURN RECOMMENDED MODEL FORM

Convention of 25 October 1980 on the Civil Aspects of International Child Abduction

*Application for assistance in securing the return of a child to their place
of habitual residence under Article 8 of the 1980 Convention*

IMPORTANT NOTICE TO THE APPLICANT:

Please note that this is an optional recommended model form. Before submitting your application, you should ensure that you complete the form of the Requested State or that the form is acceptable to the appropriate Central Authority. You may do so by consulting the relevant Country Profile on the HCCH website, by contacting the Central Authority in the Requested State or by consulting the website of the relevant Central Authority.

Personal data gathered or transmitted under the Convention shall be used only for the purposes for which it was gathered or transmitted. The authorities to whom information is transmitted shall ensure its confidentiality, in accordance with the law of their State.

Any application submitted to the Central Authorities or directly to the judicial or administrative authorities of a Contracting State in accordance with the terms of this Convention, together with documents and any other information appended thereto or provided by a Central Authority, shall be admissible in the courts or administrative authorities of the Contracting States. (Art. 30 of the 1980 Convention)

While it is not mandatory to complete all fields, you are kindly requested to complete this form to the best of your knowledge:

Concerning the following child(ren):	
1. Name of child No 1: Click or tap here to enter text.	1. Who will attain the age of 16 on (dd/mm/yyyy): Click or tap here to enter text.
2. Name of child No 2: Click or tap here to enter text.	2. Who will attain the age of 16 on (dd/mm/yyyy): Click or tap here to enter text.
3. Name of child No 3: Click or tap here to enter text.	3. Who will attain the age of 16 on (dd/mm/yyyy): Click or tap here to enter text.
4. Name of child No 4: Click or tap here to enter text.	4. Who will attain the age of 16 on (dd/mm/yyyy): Click or tap here to enter text.
Does this child / do these children have siblings subject of a distinct return application?	<input type="checkbox"/> Yes (please provide the date of application and the name of the sibling(s)): Click or tap here to enter text. <input type="checkbox"/> No
Does this child / do these children have siblings who are <u>not</u> the subject of a return application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
REQUESTING STATE	Click or tap here to enter text.
REQUESTED STATE	Click or tap here to enter text.

SECTION I – CHILD (1) SUBJECT OF THE RETURN APPLICATION			
IDENTITY OF THE CHILD			
Family name(s)	Click or tap here to enter text.		
Given name(s)	Click or tap here to enter text.		
Alias (if applicable)	Click or tap here to enter text.		
Place and date of birth (dd/mm/yyyy)	Click or tap here to enter text.		
Nationality(ies)	Click or tap here to enter text.		
Gender	Click or tap here to enter text.		
Identity document(s), number(s) and validity dates thereof (if known)	Click or tap here to enter text.		
Travel document(s), number(s) and validity dates thereof (if known)	Click or tap here to enter text.		
Place of habitual residence immediately before removal or retention	Click or tap here to enter text.		
Language(s)	Click or tap here to enter text.		
PHYSICAL DESCRIPTION OF THE CHILD			
Height	Click or tap here to enter text.	Weight	Click or tap here to enter text.
Hair colour	Click or tap here to enter text.	Eye colour	Click or tap here to enter text.
Additional characteristics (e.g., scars or birth marks) (if applicable):	Click or tap here to enter text.		
Are recent photos of the child attached?	<input type="checkbox"/> Yes Please specify, if known, when the photos were taken: Click or tap here to enter text. <input type="checkbox"/> No		

SECTION I bis – OTHER CHILD(REN) SUBJECT OF APPLICATION			
CHILD (2)			
IDENTITY OF THE CHILD			
Family name(s)	Click or tap here to enter text.		
Given name(s)	Click or tap here to enter text.		
Alias (if applicable)	Click or tap here to enter text.		
Place and date of birth (dd/mm/yyyy)	Click or tap here to enter text.		
Nationality(ies)	Click or tap here to enter text.		
Gender	Click or tap here to enter text.		
Identity document(s), number(s) and validity dates thereof (if known)	Click or tap here to enter text.		
Travel document(s), number(s) and validity dates thereof (if known)	Click or tap here to enter text.		
Place of habitual residence immediately before removal or retention	Click or tap here to enter text.		
Language(s)	Click or tap here to enter text.		
PHYSICAL DESCRIPTION OF THE CHILD			
Height	Click or tap here to enter text.	Weight	Click or tap here to enter text.
Hair colour	Click or tap here to enter text.	Eye colour	Click or tap here to enter text.
Additional characteristics (e.g., scars or birth marks) (if applicable):	Click or tap here to enter text.		
Are recent photos of the child attached?	<input type="checkbox"/> Yes Please specify, if known, when the photos were taken: Click or tap here to enter text. <input type="checkbox"/> No		
SECTION II – APPLICANT, I.E., PERSON REQUESTING RETURN OF THE CHILD			
IDENTITY AND CONTACT DETAILS OF APPLICANT			
Family name(s)	Click or tap here to enter text.		
Given name(s)	Click or tap here to enter text.		

Alias (if applicable)	Click or tap here to enter text.
Place and date of birth (dd/mm/yyyy)	Click or tap here to enter text.
Relationship to the child	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal or customary guardian <input type="checkbox"/> Other. Please specify: Click or tap here to enter text.
Nationality(ies)	Click or tap here to enter text.
Gender	Click or tap here to enter text.
Identity document(s), number(s) and validity dates thereof (if known)	Click or tap here to enter text.
Travel document(s), number(s) and validity dates thereof (if known)	Click or tap here to enter text.
Address (if an institution, please also provide the name of a contact person)	Click or tap here to enter text.
Telephone number(s)	Click or tap here to enter text.
E-mail address(es)	Click or tap here to enter text.
Fax number(s)	Click or tap here to enter text.
Language(s)	Click or tap here to enter text.
LEGAL ADVISER(S) OF THE APPLICANT (IF APPLICABLE)	
LEGAL ADVISER (1)	
Name	
Address	
Telephone number(s)	
E-mail address(es)	
LEGAL ADVISER (2)	
Name	
Address	
Telephone number(s)	
E-mail address(es)	
Please state how you wish to correspond with the Central Authority: <input type="checkbox"/> Directly (please specify): <input type="checkbox"/> By email <input type="checkbox"/> By telephone <input type="checkbox"/> Other (please specify): Click or tap here to enter text. <input type="checkbox"/> Through my legal adviser(s) (please specify, if applicable): <input type="checkbox"/> Legal adviser 1 <input type="checkbox"/> Legal adviser 2	

**SECTION III – RESPONDENT, I.E., PERSON ALLEGED TO HAVE WRONGFULLY
REMOVED or RETAINED THE CHILD**

Family name(s)	Click or tap here to enter text.
Given name(s)	Click or tap here to enter text.
Alias (if applicable)	Click or tap here to enter text.
Place and date of birth (dd/mm/yyyy)	Click or tap here to enter text.
Relationship to the child	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal or customary guardian <input type="checkbox"/> Other. Please specify: Click or tap here to enter text.
Nationality(ies)	Click or tap here to enter text.
Gender	Click or tap here to enter text.
Identity document(s), number(s) and validity dates thereof (if known)	Click or tap here to enter text.
Travel document(s), number(s) and validity dates thereof (if known)	Click or tap here to enter text.
Address (if an institution, please also provide the name of a contact person)	Click or tap here to enter text.
Telephone number(s)	Click or tap here to enter text.
E-mail address(es)	Click or tap here to enter text.
Fax number(s)	Click or tap here to enter text.
Language(s)	Click or tap here to enter text.
Please provide any other relevant information on the present status and whereabouts of the child and the person(s) thought to be with the child.	Click or tap here to enter text.
Please provide information on any other person(s) who might be able to provide additional information concerning the present status and whereabouts of the child. (If applicable)	
Family name(s)	Click or tap here to enter text.
Given name(s)	Click or tap here to enter text.
Alias (if applicable)	Click or tap here to enter text.
Relationship to the child	<input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Legal or customary guardian <input type="checkbox"/> Other (please specify): Click or tap here to enter text.
Nationality(ies) (if known)	Click or tap here to enter text.
Identity document(s), number(s) and validity dates thereof (if known)	Click or tap here to enter text.
Travel document(s), number(s) and validity dates thereof (if known)	Click or tap here to enter text.
Address (if an institution, please also provide the name of a contact person)	Click or tap here to enter text.
Telephone number(s)	Click or tap here to enter text.
E-mail address(es)	Click or tap here to enter text.

Fax number(s)	Click or tap here to enter text.
Language(s)	Click or tap here to enter text.

SECTION IV - RELATIONSHIP STATUS OF THE PARENTS	
Relationship	<input type="checkbox"/> Married <input type="checkbox"/> Other form of union (e.g., registered partnership) <input type="checkbox"/> Unmarried cohabitation <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Other: Click or tap here to enter text.
Date and place of marriage / union	Click or tap here to enter text.
Date and place of divorce / dissolution of the union (if applicable)	Click or tap here to enter text.
Are there ongoing divorce / legal proceedings or ongoing alternative dispute resolution procedures (e.g., mediation) that may affect the custody rights concerning the child covered by this Request?	<input type="checkbox"/> Yes. Please specify: Click or tap here to enter text. <input type="checkbox"/> No

**SECTION V –CIRCUMSTANCES
OF THE WRONGFUL REMOVAL OR RETENTION**

PLEASE DESCRIBE THE CIRCUMSTANCES OF THE WRONGFUL REMOVAL OR RETENTION (INCLUDING THE TIME, DATE AND PLACE, IF KNOWN)
(IF NECESSARY, PLEASE PROVIDE FURTHER INFORMATION ON A SEPARATE SHEET)

Click or tap here to enter text.

SECTION VI - FACTUAL AND LEGAL GROUNDS JUSTIFYING THE REQUEST

HABITUAL RESIDENCE OF THE CHILD

Please state the child's habitual residence immediately before the date of the removal or retention and give your reasons for saying this. (You may refer for this purpose to elements such as, e.g., the residence of the child or the schooling of the child. Please note however that these factors, while they may be taken in consideration, are not necessarily decisive for the judicial or administrative authority when determining the habitual residence of the child).

Click or tap here to enter text.

RIGHTS OF CUSTODY

Who had rights of custody in respect of the child at the time of the alleged removal or retention? Rights of custody, in accordance with the Convention, "shall include rights relating to the care of the person of the child, and in particular, the right to determine the child's place of habitual residence".

- Applicant (joint, sole or other):
- Respondent (joint, sole or other) An institution or other body (e.g., a court)
- Other (please specify): Click or tap here to enter text.

Please indicate how these rights of custody arose: Click or tap here to enter text.

- By virtue of a **decision by a judicial or administrative authority**
- By **operation of law** (i.e., where there is no decision by a judicial or administrative authority or an enforceable agreement)
- By virtue of a **legally binding agreement** between the parties (i.e., an agreement reached by the parties regarding rights of custody and having legal effect under the law applicable in the State of the child's habitual residence)
- Other** (please specify): Click or tap here to enter text.

Please **attach any documentation** (copy of a decision by a judicial or administrative authority, legal agreement, affidavit, relevant legal provisions...) **that support the existence of such rights of custody** at the time of the alleged removal or retention.

SECTION VII – ONGOING PROCEDURES CONCERNING THE CHILD AND THEIR FAMILY (IF KNOWN OR APPLICABLE)

ONGOING LEGAL PROCEEDINGS

Ongoing civil proceedings in the <u>requesting</u> State	Name of court / authority	Click or tap here to enter text.
	Date of hearing	Click or tap here to enter text.
	Case No	Click or tap here to enter text.
	<i>Please provide details:</i> Click or tap here to enter text.	
Ongoing civil proceedings in the <u>requested</u> State	Name of court / authority	Click or tap here to enter text.
	Date of hearing	Click or tap here to enter text.
	Case No	Click or tap here to enter text.
	<i>Please provide details:</i> Click or tap here to enter text.	
Ongoing civil proceedings in a <u>third</u> State	Name of court / authority	Click or tap here to enter text.
	Date of hearing	Click or tap here to enter text.
	Case No	Click or tap here to enter text.
	<i>Please provide details:</i> Click or tap here to enter text.	

ONGOING ALTERNATIVE DISPUTE RESOLUTION PROCEDURES

Please provide details regarding ongoing alternative dispute resolution procedures (e.g., out-of-court mediation) relating to the child:
Click or tap here to enter text.

SECTION VIII – VOLUNTARY RETURN / AMICABLE RESOLUTION OF THE DISPUTE

Would you agree to the Central Authority contacting the respondent to this application for the purpose of requesting a voluntary return?
 Yes
 No (please explain): Click or tap here to enter text.

Would you consider the possibility of an amicable resolution of the dispute (e.g., by means of mediation)?
 Yes
 No (please explain): Click or tap here to enter text.

SECTION IX – PROPOSED ARRANGEMENTS FOR THE RETURN OF THE CHILD

Are there any arrangements that would help to facilitate the return of the child that you would like to propose? *(If necessary, please provide further information on a separate sheet.)*

Click or tap here to enter text.

SECTION X – OTHER RELEVANT INFORMATION

Is there any risk pertaining to the child or any other relevant information that you would like to disclose (e.g., risk of harm to the child, flight risk, previous contact with child protection authorities)?

Click or tap here to enter text.

Please set out on a separate sheet any further information that may be relevant to the Central Authority (e.g., access issues, protective measures).

SECTION XI – LIST OF DOCUMENTS ATTACHED TO THIS FORM

Please indicate the selected documents that are attached with this form by ticking the relevant box(es). Please consult the Central Authority in your State for information on whether any particular documents are required for the application.

Concerning the child

- | | |
|------------------------------|--|
| (a) <input type="checkbox"/> | Copy of the child's identity card(s) / travel document(s) |
| (b) <input type="checkbox"/> | Copy of the child's birth certificate or equivalent document |
| (c) <input type="checkbox"/> | Copy of relevant decision(s) and / or agreement(s) relating of the child (e.g., judicial decisions attributing rights of custody, access, designating a guardian or placing the child in alternative care) |
| (d) <input type="checkbox"/> | Recent photograph of the child (please date the attached photograph) |
| (e) <input type="checkbox"/> | Evidence of the child's habitual residence (e.g., residence, school and medical certificates, etc.) |
| (f) <input type="checkbox"/> | Letter of consent to travel / Consent to travel form (if applicable) |
| (g) <input type="checkbox"/> | Revocation of the letter of consent to travel / consent to travel form (if applicable) |
| (h) <input type="checkbox"/> | Other: Click or tap here to enter text. |

Concerning the applicant

- | | |
|------------------------------|---|
| (i) <input type="checkbox"/> | Copy of the applicant's identity card(s) / travel document(s) |
| (j) <input type="checkbox"/> | Legal aid form (if applicable) |
| (k) <input type="checkbox"/> | Power of Attorney (if applicable) |
| (l) <input type="checkbox"/> | Other: Click or tap here to enter text. |

Concerning the parents

- | | |
|------------------------------|--|
| (m) <input type="checkbox"/> | Copy of the marriage or registered partnership certificate of the child's parents (if applicable) |
| (n) <input type="checkbox"/> | Copy of the divorce decree of the child's parents or the official document stating the end of their registered partnership (if applicable) |
| (o) <input type="checkbox"/> | Other: Click or tap here to enter text. |

Concerning the person alleged to have wrongfully removed the child or other persons thought to be with the child

- | | |
|------------------------------|---|
| (p) <input type="checkbox"/> | Recent photograph of the person alleged to have wrongfully removed the child (please date the attached photographs) |
| (q) <input type="checkbox"/> | Copy of the identity card(s)/travel document(s) of the person alleged to have wrongfully removed the child |
| (r) <input type="checkbox"/> | Recent photograph of other person(s) thought to be with the child (please date the attached photographs) |
| (s) <input type="checkbox"/> | Other: Click or tap here to enter text. |

Others (please specify)

- | | |
|------------------------------|--|
| (t) <input type="checkbox"/> | A certificate or an affidavit emanating from the Central Authority, or other competent authority of the State of the child's habitual residence, or from a qualified person, concerning the relevant law of that State (e.g., the law governing custody and access / contact rights) |
| (u) <input type="checkbox"/> | Click or tap here to enter text. |

SECTION XII – AUTHORISATION AND SIGNATURE

I confirm that the information above is true and correct to the best of my knowledge.

I understand that the personal data provided in this application may be processed and transmitted with the aim of furthering my application for the purposes of the 1980 Convention on the Civil Aspects of International Child Abduction.

I hereby authorise the Central Authority of (name of the requested State) to act on my behalf, where required, with respect to my application for the return of the following child(ren):

(Signature of the applicant)

Name:

Date: