

HCCH 1996 CHILD PROTECTION CONVENTION

PLACEMENT REQUEST MODEL FORM*

*For requests between authorities under Article 33**

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. Requesting State: relevant authorities / organisations

a. Competent authority requesting the placement*

Name of the 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.
Address	Click or tap here to enter text.
Language(s) of communication	Click or tap here to enter text.
File No	Click or tap here to enter text.
<input type="checkbox"/> This is a request for renewal of placement (File No: Click or tap here to enter text.)	
<input type="checkbox"/> Other relevant cooperation requests are attached to this form. (File No(s): Click or tap here to enter text.)	
If possible, please respond to this request by: Click or tap to enter a date.	

b. Organisation carrying out the placement

Please complete if different than the authority under (a) above

Name of the authority / organisation	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.
Address	Click or tap here to enter text.
Language(s) of communication	Click or tap here to enter text.
File No (if different than (a) above)	Click or tap here to enter text.

* Please note that this is an optional model form.

* This Placement Request Model Form may **only** 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.

* According to Art. 33, this would be "an authority having jurisdiction under Articles 5 to 10".

2. Requested State: Central / competent authority addressed

Name of requested State	Click or tap here to enter text.
Name of the authority	Click or tap here to enter text.
Contact person (if known)	Click or tap here to enter text.
Email address (if known)	Click or tap here to enter text.
Telephone number (if known)	Click or tap here to enter text.
Address (if known)	Click or tap here to enter text.

3. Information concerning the child(ren)

If the request concerns more than two children, please click the [+] symbol located at the bottom right corner of the table to add information about another child

Child (1)	
Family name(s)	Click or tap here to enter text.
Given name(s)	Click or tap here to enter text.
Place and date of birth	Click or tap here to enter text. Click or tap to enter a date.
Nationality(ies)	Click or tap here to enter text.
Address	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.
Place and date of birth	Click or tap here to enter text. Click or tap to enter a date.
Nationality(ies)	Click or tap here to enter text.
Address	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. Person(s) / institution related to the request (e.g., parents, legal representatives or persons / institutions currently providing care for the child)

Please complete as appropriate / relevant to the request.

If more than two persons are related to the request, please click the [+] symbol located at the bottom right corner of the table to add information about another person

Person (1)	
Please specify the relationship of this person to this / these child(ren)	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.
Place and date of birth	Click or tap here to enter text. Click or tap to enter a date.
Nationality(ies)	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.
Address	Click or tap here to enter text.
Language(s) (please specify for each language: spoken, written, understood)	Click or tap here to enter text.
Person (2) <i>Please complete if appropriate</i>	
Please specify the relationship of this person to this / these child(ren)	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.
Place and date of birth	Click or tap here to enter text. Click or tap to enter a date.
Nationality(ies)	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.
Address	Click or tap here to enter text.
Language(s) (please specify for each language: spoken, written, understood)	Click or tap here to enter text.

Institution <i>Please complete if appropriate</i>	
Name of institution	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.
Address	Click or tap here to enter text.
Language(s) of communication	Click or tap here to enter text.
Please specify the relevance of this organisation to this / these child(ren)	Click or tap here to enter text.

5. Information concerning the proposed person(s) / institution with whom the child(ren) may be placed

In case of placement with person(s)

Person (1)	
Family name(s)	Click or tap here to enter text.
Given name(s)	Click or tap here to enter text.
Place and date of birth	Click or tap here to enter text. Click or tap to enter a date.
Email address	Click or tap here to enter text.
Telephone number	Click or tap here to enter text.
Address	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 relationship of this person to this / these child(ren)	Click or tap here to enter text.
Person (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.
Place and date of birth	Click or tap here to enter text.

	Click or tap to enter a date.
Email address	Click or tap here to enter text.
Telephone number	Click or tap here to enter text.
Address	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 relationship of this person to this / these child(ren)	Click or tap here to enter text.

In case of placement in institution (if known in advance of the placement)

Institution	
Name of institution	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.
Address	Click or tap here to enter text.
Language(s) (please specify for each language: spoken, written, understood)	Click or tap here to enter text.
Any other relevant information (incl. probable place of residence of the child(ren))	Click or tap here to enter text.

6. Details relating to the request

<p>Current situation of the child(ren): Please provide all relevant factual information about the current situation of the child(ren), such as information about their current place of residence, the care currently being provided to them and details about the main concerns regarding the child(ren).</p> <p>Click or tap here to enter text.</p>
<p>Legal information about the child(ren): Please provide all relevant information about the current legal situation of the child(ren), such as information about who has custody and parental responsibility for them, whether placement options within the requesting State have been considered previously and no suitable solution has been found, whether the child(ren) and / or the legal parent(s) / guardian(s) / other legal representative(s) have had the opportunity to be heard; and if not, the reason(s) why not, and whether the child(ren) and / or the legal parent(s) / guardian(s) / other legal representative(s) have given their informed consent to the placement.</p> <p>Click or tap here to enter text.</p>
<p>Suitability of the proposed person(s) / institution with whom the child(ren) may be placed: Please elaborate on the reasons why the proposed person(s) or institution is the most suitable placement option for the child(ren). Please provide information on any relevant licenses or certificates, if applicable.</p> <p>Click or tap here to enter text.</p>
<p>Legal procedural steps taken or planned: Please describe the procedures that have been followed or are planned in the requesting State pertaining to custody, parental responsibility, guardianship or access. Please summarise or attach any existing relevant orders taken (e.g., child protection orders).</p> <p>Click or tap here to enter text.</p>
<p>Immigration: Please indicate who is / will be responsible to assist with immigration arrangements for the child</p> <p>Click or tap here to enter text.</p>
<p>Expected situation of the child(ren) after the placement has been made: Please provide all information relevant to the expected situation of the child, such as whether and how contact between the child(ren) and their legal parent(s) / guardian(s) / other legal representative(s) will be maintained during the placement, the anticipated duration of the placement, whether any supervision arrangements are needed during the placement and what are the anticipated custody / parental responsibility arrangements after the placement ends.</p> <p>Click or tap here to enter text.</p>
<p>Funding and other practicalities pertaining to the placement: Please elaborate on how the proposed placement will be funded and whether the person(s) will require any financial / practical support from a relevant organisation.</p> <p>Click or tap here to enter text.</p>
<p>Please provide any other additional information relevant to the placement:</p> <p>Click or tap here to enter text.</p>

7. Accompanying documents

This form is accompanied by the following documents:

Please consult the Country Profile under the 1996 Child Protection Convention for the relevant documentation requirements in the requested State.

Please note that the below listed documents are indicative and not mandatory (except the pre-ticked report on the child(ren)). Please tick all boxes that apply to the present request

- Report on the child(ren), including the needs of the child and why the placement would be in their best interests
- Copy of passport or ID card of the child(ren)
- Copy of birth certificate of the child(ren)
- Relevant judicial and / or administrative decisions regarding the child(ren)
- Written consent from the proposed person(s) or institution with whom the child(ren) may be placed
- Written consent from the child(ren) or information on whether the child(ren) consent(s) to the placement, in accordance with their age and maturity
- Written consent from the legal parent(s) / guardian(s) / parental responsibility holder(s)
- Document(s) showing that the child(ren) will have the right to return to the requesting State after the placement ends
- Relevant past cooperation request(s)
- Relevant new accompanying request(s)
- Other relevant documents (please specify): [Click or tap here to enter text.](#)

Full Name of the requesting authority official: [Click or tap here to enter text.](#)

Place: [Click or tap here to enter text.](#)

Date: [Click or tap here to enter text.](#)