

Title	Revised Request for Return Recommended Model Form and new Request for Access Recommended Model Form under the HCCH 1980 Child Abduction Convention
Document	Prel. Doc. No 10 of June 2024 (final revised version)
Author	PB
Agenda Item	Item TBD
Mandate(s)	<ul style="list-style-type: none"> - C&R No 1.1.14 of the Fifth Meeting of the Special Commission to review the practical operation of the 1980 Child Abduction Convention and the practical implementation of the 1996 Child Protection Convention - C&R No 10 of the Sixth Meeting of the Special Commission on the practical operation of the 1980 and 1996 Conventions (Part I) - C&R Nos 8 and 9 of the Seventh Meeting of the Special Commission on the practical operation of the 1980 and 1996 Conventions - C&R No 50 of the Eighth Meeting of the Special Commission on the practical operation of the 1980 and 1996 Conventions
Objective	To submit a revised Request for Return Recommended Model Form and a new Request for Access Recommended Model Form for the approval of the Members of the HCCH (track-change version).
Action to be Taken	For Decision <input type="checkbox"/> For Approval <input checked="" type="checkbox"/> For Discussion <input type="checkbox"/> For Action / Completion <input type="checkbox"/> For Information <input type="checkbox"/>
Annexes	<ul style="list-style-type: none"> - Annex I - Request for Return Recommended Model Form - Annex II - Request for Access Recommended Model Form
Related Documents	<u>Prel. Doc. No 12 of September 2017</u> - Modernisation of the standardised return application form and development of a standardised access application form under the <i>Hague Convention of 25 October 1980 on the Civil Aspects of International Child Abduction</i>

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Revised Request for Return Recommended Model Form and new Request for Access Recommended Model Form under the HCCH 1980 Child Abduction Convention

I. Background

- 1 During its Eighth Meeting on the Practical Operation of the 1980 Child Abduction Convention and the 1996 Child Protection Convention, the Special Commission adopted the following Conclusion and Recommendation pertaining to the Request for Return and Request for Access Recommended Model Forms under the 1980 Convention:

“Noting the progress made in relation to the revised Request for Return Recommended Model Form and the new Request for Access Recommended Model Form, the SC concluded that further work was needed. The SC suggested that a Group of interested delegates assist the PB in finalising both revised Forms. This Group would meet online. The SC invited the PB to issue a circular inviting interested States to identify delegates interested in participating in this work. The SC requested the PB to circulate the revised Forms to all Members and non-Member Contracting Parties. The revised Forms will be submitted to the Council on General Affairs and Policy (CGAP) for approval, if possible, at its March 2024 meeting, or, if not possible, through a distance decision-making process.”¹

- 2 The Group, consisting of 22 HCCH Members² and two Observer States,³ met online on 7, 14 and 21 February 2024. The Request for Return and Request for Access Recommended Model Forms, as revised by the Group, can be found in the Annexes to this document.

- 3 During its Meeting of March 2024, CGAP adopted the following Conclusion and Decision:

“CGAP noted that the PB and interested States recently finalised the *Request for Return Recommended Model Form* and the *Request for Access Recommended Model Form* under the 1980 Child Abduction Convention, and endorsed the proposal for the final versions of the forms to be approved through a written procedure.”

¹ [“Conclusions and Recommendations of the Eighth Meeting of the Special Commission to review the operation of the Convention of 25 October 1980 on the Civil Aspects of International Child Abduction and the Convention of 19 October 1996 on Jurisdiction, Applicable Law, Recognition and Enforcement and Co-operation in Respect of Parental Responsibility and Measures for the Protection of Children \(10 – 17 October 2023\)”](#), C&R No 50, available on the HCCH website at www.hcch.net under “Child Abduction Section” then “Special Commission meetings”.

² Many thanks to delegates from Argentina, Belgium, Brazil, Canada, Chile, China, Dominican Republic, the European Union, France, Georgia, Germany, Italy, Lithuania, Panama, Poland, Serbia, South Africa, Sweden, Switzerland, Ukraine, the United Kingdom and the United States of America for their interest and participation.

³ Many thanks to delegates from Guyana and Jamaica for their interest and participation.

ANNEXES

Annex I

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 with the appropriate Central Authority that this form is acceptable. 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 not 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.

~~Please note that this is a recommended model form. Before submitting your application, you should ensure with the appropriate Central Authority that this form is acceptable.~~

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 <i>(if applicable)</i>	Click or tap here to enter text.		
Place and date of birth <i>(dd/mm/yyyy)</i>	{Place} , Click or tap here to enter text. <i>{dd/mm/yyyy}</i>		
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 <i>(if applicableknown)</i>	Click or tap here to enter text.		
Travel document(s), number(s) and validity dates thereof <i>(if applicableknown)</i>	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) <i>{please specify for each language: spoken, written, understood}</i>	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 <i>(e.g., scars or birth marks)</i> <i>(if applicable)</i> :	Click or tap here to enter text.		
Medical conditions <i>(if necessary, please provide further information on a separate sheet)</i>:			
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 <i>(if applicable)</i>	Click or tap here to enter text.		
Place and date of birth <i>(dd/mm/yyyy)</i>	{Place} , Click or tap here to enter text. <i>{dd/mm/yyyy}</i>		
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 <i>(if applicableknown)</i>	Click or tap here to enter text.		
Travel document(s), number(s) and validity dates thereof <i>(if applicableknown)</i>	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) <i>{please specify for each language: spoken, written, understood}</i>	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 <i>(e.g., scars or birth marks)</i> <i>(if applicable)</i> :	Click or tap here to enter text.		
Medical conditions <i>(if necessary, please provide further information on a separate sheet)</i>:			
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 <i>(if applicable)</i>	Click or tap here to enter text.
Place and date of birth <i>(dd/mm/yyyy)</i>	{Place} , Click or tap here to enter text. {dd/mm/yyyy}
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: <u>Click or tap here to enter text.</u>
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 <i>(if applicable known)</i>	Click or tap here to enter text.
Travel document(s), number(s) and validity dates thereof <i>(if applicable known)</i>	Click or tap here to enter text.
Address <i>(if an institution, please also provide the name of a contact person)</i>	Click or tap here to enter text.
Telephone number(s)	Mobile: Click or tap here to enter text. Home: Office:
E-mail address(es)	Click or tap here to enter text.
Fax number(s)	Click or tap here to enter text.
Language(s) <i>(please specify for each language: spoken, written, understood)</i>	Click or tap here to enter text.
Please state whether the above contact details can be disclosed to the person alleged to have wrongfully removed or to retain the child (i.e., the person in "SECTION III")? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 whether you wish to correspond directly with the Central Authority: or through your legal adviser? <input type="checkbox"/> Directly <i>(please specify):</i> <input type="checkbox"/> By email <input type="checkbox"/> By telephone <input type="checkbox"/> Other <i>(please specify):</i> <u>Click or tap here to enter text.</u> <input type="checkbox"/> Through my legal adviser(s) <i>(please specify, if applicable):</i> <input type="checkbox"/> Legal adviser 1 <input type="checkbox"/> Legal adviser 2	

SECTION III - RESPONDENT, I.E., PERSON ALLEGED TO HAVE WRONGFULLY

REMOVED or TO RETAINED THE CHILD	
Family name(s)	Click or tap here to enter text.
Given name(s)	Click or tap here to enter text.
Alias <i>(if applicable)</i>	Click or tap here to enter text.
Place and date of birth <i>(dd/mm/yyyy)</i>	{Place} Click or tap here to enter text., {dd/mm/yyyy}
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: <u>Click or tap here to enter text.</u>
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 <i>(if applicable known)</i>	Click or tap here to enter text.
Travel document(s), number(s) and validity dates thereof <i>(if applicable known)</i>	Click or tap here to enter text.
Address <i>(if an institution, please also provide the name of a contact person)</i>	Click or tap here to enter text.
Telephone number(s)	Mobile:- Click or tap here to enter text. Home:- Office:-
E-mail address(es)	Click or tap here to enter text.
Fax number(s)	Click or tap here to enter text.
Language(s) <i>(please specify for each language: spoken, written, understood)</i>	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 <i>(if applicable)</i>	Click or tap here to enter text.
Place and date of birth (dd/mm/yyyy)	{Place}, {dd/mm/yyyy}
Relationship to the child	<input type="checkbox"/> Grandm Mother <input type="checkbox"/> Grandf Father <input type="checkbox"/> Legal or customary guardian <input type="checkbox"/> Other- (p Please specify): <u>Click or tap here to enter text.</u>
Nationality(ies) <i>(if known)</i>	Click or tap here to enter text.
Gender	
Identity document(s), number(s) and validity dates thereof <i>(if applicable known)</i>	Click or tap here to enter text.
Travel document(s), number(s) and validity dates thereof <i>(if applicable known)</i>	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)	<p>Mobile: Click or tap here to enter text.</p> <p>Home:</p> <p>Office:</p>
E-mail address(es)	Click or tap here to enter text.
Fax number(s)	Click or tap here to enter text.
Language(s) (please specify for each language: spoken, written, understood)	Click or tap here to enter text.

SECTION IV - LEGAL RELATIONSHIP STATUS OF THE PARENTS <i>(IF NOT ALREADY LISTED IN SECTION II and / or III)</i>	
PARENT (1)	
Is this person already listed in either SECTION II or III? If yes, please skip to "PARENT (2)". <input type="checkbox"/> Yes <input type="checkbox"/> No	
Family name(s)	
Given name(s)	
Alias	
Place and date of birth (dd/mm/yyyy)	{Place}, {dd/mm/yyyy}
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:
Nationality(ies)	
Gender	
Identity document(s), number(s) and validity dates thereof (if applicable)	
Travel document(s), number(s) and validity dates thereof (if applicable)	
Address (if an institution, please also provide the name of a contact person)	
Telephone number(s)	<p>Mobile:</p> <p>Home:</p> <p>Office:</p>
E-mail address(es)	
Fax number(s)	
Language(s) (please specify for each language: spoken, written, understood)	

PARENT (2)

Is this person already listed in either SECTION II or III? If yes, please skip to "RELATIONSHIP STATUS OF THE PARENTS".
 Yes
 No

Family name(s)

Given name(s)

Alias

Place and date of birth (dd/mm/yyyy)

{Place}, {dd/mm/yyyy}

Relationship to the child

- Mother
- Father
- Legal or customary guardian
- Other. Please specify:

Nationality(ies)

Gender

~~Identity document(s), number(s) and validity dates thereof (if applicable)~~

~~Travel document(s), number(s) and validity dates thereof (if applicable)~~

~~Address (if an institution, please also provide the name of a contact person)~~

Telephone number(s)

Mobile:-

Home:-

Office:-

E-mail address(es)

Fax number(s)

~~Language(s) (please specify for each language: spoken, written, understood)~~

RELATIONSHIP STATUS OF THE PARENTS

Relationship

- Married
- Other form of union (e.g., registered partnership)
- Unmarried cohabitation
- Divorced
- Separated
- Other: [Click or tap here to enter text.](#)

Date and place of marriage / union

{Place}, [Click or tap here to enter text.](#){dd/mm/yyyy}

Date and place of divorce / dissolution of the union (if applicable)

{Place}, [Click or tap here to enter text.](#){dd/mm/yyyy}

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? **if yes, please provide further details in SECTION VII.**

- Yes. Please specify: [Click or tap here to enter text.](#)
- No

SECTION V – TIME PLACE, DATE AND CIRCUMSTANCES OF THE WRONGFUL REMOVAL OR RETENTION	
Date of the wrongful removal or retention (dd/mm/yyyy)	
Place of the wrongful removal or retention	
<u>PLEASE DESCRIBE THE CIRCUMSTANCES OF THE WRONGFUL REMOVAL OR RETENTION (INCLUDING THE TIME, DATE AND PLACE, IF KNOWN)</u> <i>(IF NECESSARY, PLEASE PROVIDE FURTHER INFORMATION ON A SEPARATE SHEET)</i>	
<p>Click or tap here to enter text.</p>	

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~~**Did you have** rights of custody in respect of the child at the time of the alleged removal or retention? ~~According to Article 5 of the Convention,~~ **R**ights 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);~~**Yes**
- ~~Respondent (joint, sole or other)~~
- ~~An institution or other body (e.g., a court)~~**No**
- ~~Other (please specify):~~ [Click or tap here to enter text.](#)

~~If yes,~~ **P**lease 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~~**court order**
- By **operation of law** (i.e., where there is no decision by a judicial or administrative authority ~~court order~~ or an enforceable agreement ~~exists~~)
- 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 ~~country~~**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~~**court order**, 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 <u>AND THEIR FAMILY</u> (IF <u>KNOWN OR APPLICABLE</u>)		
ONGOING LEGAL PROCEEDINGS		
Ongoing civil proceedings in the <u>requesting</u> State Not applicable <input type="checkbox"/>	Name of court <u>/</u> <u>authority</u>	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.
	Please provide details: Click or tap here to enter text.	
Ongoing civil proceedings in the <u>requested</u> State Not applicable <input type="checkbox"/>	Name of court <u>/</u> <u>authority</u>	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.
	Please provide details: Click or tap here to enter text.	
Ongoing civil proceedings in a <u>third</u> State Not applicable <input type="checkbox"/>	Name of court <u>/</u> <u>authority</u>	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.
	Please provide details: Click or tap here to enter text.	
ONGOING ALTERNATIVE DISPUTE RESOLUTION PROCEDURES		
Please provide details regarding ongoing <u>alternative dispute resolution ADR</u> procedures (e.g., out-of-court mediation) relating to the child: Click or tap here to enter text.		

SECTION VIII – VOLUNTARY RETURN / AMICABLE <u>SETTLEMENT-RESOLUTION</u> OF THE DISPUTE
<p>Would you agree to the Central Authority contacting the respondent to this application for the purpose of requesting a voluntary return?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (please explain): Click or tap here to enter text.</p> <p>Would you agree to a voluntary return of the child?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> I do not know</p> <p>Would you consider the possibility of an amicable <u>settlement-resolution</u> of the dispute <u>by means</u>, (e.g., <u>by means</u> of mediation)?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (please explain): Click or tap here to enter text.</p> <p><input type="checkbox"/> I do not know</p>

SECTION IX – PROPOSED ARRANGEMENTS TO SECURE FOR THE RETURN OF THE CHILD
<p>Are there any arrangements that would help to secure<u>facilitate</u> the return of the child and that you would like to propose? (If necessary, please provide further information on a separate sheet.) Click or tap here to enter text.</p>

SECTION X – OTHER RELEVANT INFORMATION	
<p>Is the child / Are the children believed to be currently at risk of harm? If yes, please provide details.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Could the child be exposed to other possible harm and if so what kind? If yes, please provide details.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the child / Have the children ever been involved with the welfare authorities? If yes, please elaborate and attach any relevant reports or documentation.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Is there any flight risk existing regarding the possible return of the child? If yes, please provide details. Click or tap here to enter text.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>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.</p>	
<p>Please set out on a separate sheet any further information that may be relevant to the Central Authority (e.g., access issues, protective measures).</p>	

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 note that the documents marked in bold are mandatory documents. Please consult the Central Authority in your State for information on whether any particular documents are required for the application.	
<i>Concerning the child</i>	
(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 <u>or equivalent document</u>
(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"/>	Copy of the medical prescription for treatment (if applicable)
(ef) <input type="checkbox"/>	Evidence of the child’s habitual residence (e.g., residence, school and medical certificates, etc.)
(fg) <input type="checkbox"/>	Letter of consent to travel / Consent to travel form (if applicable)
(gh) <input type="checkbox"/>	Revocation of the letter of consent to travel / consent to travel form (if applicable)
(hi) <input type="checkbox"/>	Other: Click or tap here to enter text.
<i>Concerning the applicant</i>	
(ij) <input type="checkbox"/>	Copy of the applicant’s identity card(s) / <u>travel document(s)</u>
(jk) <input type="checkbox"/>	Legal aid form (if applicable)
(kl) <input type="checkbox"/>	Power of Attorney (if applicable)
(lm) <input type="checkbox"/>	Other: Click or tap here to enter text.
<i>Concerning the parents</i>	
(mn) <input type="checkbox"/>	Copy of the marriage or registered partnership certificate of the child’s parents (if applicable)
(no) <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)
(op) <input type="checkbox"/>	Other: Click or tap here to enter text.
<i>Concerning the person thought-alleged to have wrongfully removed the child or other persons thought to be with the child</i>	
(pq) <input type="checkbox"/>	Recent photograph of the person thought-alleged to have wrongfully removed the child (please date the attached photographs)
(qr) <input type="checkbox"/>	Copy of the identity card(s)/travel document(s) of the person thought-alleged to have wrongfully removed the child
(rs) <input type="checkbox"/>	Recent photograph of other person(s) thought to be with the child (please date the attached photographs)
(st) <input type="checkbox"/>	Other: Click or tap here to enter text.
<i>Others (please specify)</i>	
(tu) <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)
(uv) <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 Click or tap here to enter text. (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): _____ Click or tap here to enter text.

(Signature of the applicant)

Name: Click or tap here to enter text.

Date: Click or tap here to enter text.

ID-card No / Passport type and No:

Annex II

REQUEST FOR ACCESS RECOMMENDED MODEL FORM

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

*Application for assistance in organising or securing access for a child
under Article 21 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 access 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 not the subject of an access 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.

~~Please note that this is a recommended model form. Before submitting your application, you should ensure with the appropriate Central Authority that this form is acceptable.~~

SECTION I – CHILD (1) SUBJECT OF THE RETURN ACCESS 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 <i>(if applicable)</i>	Click or tap here to enter text.		
Place and date of birth <i>(dd/mm/yyyy)</i>	{Place}, {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 <i>(if applicableknown)</i>	Click or tap here to enter text.		
Travel document(s), number(s) and validity dates thereof <i>(if applicableknown)</i>	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) (please specify for each language: spoken, written, understood)	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) <i>(if applicable)</i> :	Click or tap here to enter text.		
Medical conditions (if necessary, please provide further information on a separate sheet):			
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 <i>(if applicable)</i>	Click or tap here to enter text.		
Place and date of birth <i>(dd/mm/yyyy)</i>	{Place}, {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 <i>(if applicableknown)</i>	Click or tap here to enter text.		
Travel document(s), number(s) and validity dates thereof <i>(if applicableknown)</i>	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) (please specify for each language: spoken, written, understood)	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) <i>(if applicable)</i> :	Click or tap here to enter text.		
Medical conditions (if necessary, please provide further information on a separate sheet):			
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 SEEKING TO ORGANISE OR TO SECURE THE EXERCISE OF RIGHTS OF ACCESS	
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 <i>(if applicable)</i>	Click or tap here to enter text.
Place and date of birth <i>(dd/mm/yyyy)</i>	[Place], [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: <u>Click or tap here to enter text.</u>
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 <i>(if applicableknown)</i>	Click or tap here to enter text.
Travel document(s), number(s) and validity dates thereof <i>(if applicableknown)</i>	Click or tap here to enter text.
Address <i>(if an institution, please also provide the name of a contact person)</i>	Click or tap here to enter text.
Telephone number(s)	Mobile: Click or tap here to enter text. Home: Office:
E-mail address(es)	Click or tap here to enter text.
Fax number(s)	Click or tap here to enter text.
Language(s) <i>(please specify for each language: spoken, written, understood)</i>	Click or tap here to enter text.
LEGAL ADVISER(S) OF THE APPLICANT (IF APPLICABLE)	
LEGAL ADVISER (1)	
Name	Click or tap here to enter text.
Address	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.
LEGAL ADVISER (2)	
Name	Click or tap here to enter text.
Address	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.
Please state how whether you wish to correspond directly with the Central Authority, or through your legal adviser? <input type="checkbox"/> Directly <i>(please specify)</i> : <input type="checkbox"/> By email <input type="checkbox"/> By telephone <input type="checkbox"/> Other (please specify): <u>Click or tap here to enter text.</u> <input type="checkbox"/> Through my legal adviser(s) <i>(please specify, if applicable)</i> : <input type="checkbox"/> Legal adviser 1 <input type="checkbox"/> Legal adviser 2	

SECTION III – RESPONDENT, I.E., PERSON WITH WHOM THE CHILD IS CURRENTLY LIVING AND THE WHEREABOUTS OF THE CHILD	
Family name(s)	Click or tap here to enter text.
Given name(s)	Click or tap here to enter text.
Alias <i>(if applicable)</i>	Click or tap here to enter text.
Place and date of birth <i>(dd/mm/yyyy)</i>	[Place], [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 <i>(if applicableknown)</i>	Click or tap here to enter text.
Travel document(s), number(s) and validity dates thereof <i>(if applicableknown)</i>	Click or tap here to enter text.
Address <i>(if an institution, please also provide the name of a contact person)</i>	Click or tap here to enter text.
Telephone number(s)	Mobile:- Click or tap here to enter text. Home:- Office:-
E-mail address(es)	Click or tap here to enter text.
Fax number(s)	Click or tap here to enter text.
Language(s) <i>(please specify for each language: spoken, written, understood)</i>	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 <i>(if applicable)</i>	Click or tap here to enter text.
Place and date of birth <i>(dd/mm/yyyy)</i>	[Place], [dd/mm/yyyy]
Relationship to the child	<input type="checkbox"/> Grandm Mother <input type="checkbox"/> Grandf Father <input type="checkbox"/> Legal or customary guardian <input type="checkbox"/> Other- (p Please specify): Click or tap here to enter text.
Nationality(ies)	Click or tap here to enter text.
Gender	
Identity document(s), number(s) and validity dates thereof <i>(if applicableknown)</i>	Click or tap here to enter text.
Travel document(s), number(s) and validity dates thereof <i>(if applicableknown)</i>	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)	<p>Mobile: Click or tap here to enter text.</p> <p>Home:</p> <p>Office:</p>
E-mail address(es)	Click or tap here to enter text.
Fax number(s)	Click or tap here to enter text.
Language(s) (please specify for each language: spoken, written, understood)	Click or tap here to enter text.

SECTION IV -- LEGAL RELATIONSHIP STATUS OF THE PARENTS (IF NOT ALREADY LISTED IN SECTION II and / or III)	
PARENT (1)	
Is this person already listed in either SECTION II or III? If yes, please skip to "PARENT (2)". <input type="checkbox"/> Yes <input type="checkbox"/> No	
Family name(s)	Click or tap here to enter text.
Given name(s)	Click or tap here to enter text.
Alias	
Place and date of birth (dd/mm/yyyy)	{Place}, {dd/mm/yyyy}
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:
Nationality(ies)	
Gender	
Identity document(s), number(s) and validity dates thereof (if applicable)	
Travel document(s), number(s) and validity dates thereof (if applicable)	
Address (if an institution, please also provide the name of a contact person)	
Telephone number(s)	<p>Mobile:</p> <p>Home:</p> <p>Office:</p>
E-mail address(es)	
Fax number(s)	
Language(s) (please specify for each language: spoken, written, understood)	

PARENT (2)

Is this person already listed in either SECTION II or III? If yes, please skip to "RELATIONSHIP STATUS OF THE PARENTS".
 Yes
 No

Family name(s)

Given name(s)

Alias

Place and date of birth (dd/mm/yyyy)

{Place}, {dd/mm/yyyy}

Relationship to the child

- Mother
- Father
- Legal or customary guardian
- Other. Please specify:

Nationality(ies)

Gender

~~Identity document(s), number(s) and validity dates thereof (if applicable)~~

~~Travel document(s), number(s) and validity dates thereof (if applicable)~~

~~Address (if an institution, please also provide the name of a contact person)~~

Telephone number(s)

Mobile:-

Home:-

Office:-

E-mail address(es)

Fax number(s)

~~Language(s) (please specify for each language: spoken, written, understood)~~

RELATIONSHIP STATUS OF THE PARENTS

Relationship

- Married
- Other form of union (e.g., registered partnership)
- Unmarried cohabitation
- Divorced
- Separated
- Other: [Click or tap here to enter text.](#)

Date and place of marriage / union

{Place}, {dd/mm/yyyy} [Click or tap here to enter text.](#)

Date and place of divorce / dissolution of the union (if applicable)

{Place}, {dd/mm/yyyy} [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 and access rights concerning the child covered by this Request? ~~If yes, please provide further details in SECTION VII.~~

- Yes. Please specify: [Click or tap here to enter text.](#)
- No

SECTION V - ~~CIRCUMSTANCES OBSTACLES~~ RELATING TO THE ~~PREVENTION OF THE ESTABLISHMENT OR EXERCISE OF THE~~ RIGHTS OF ACCESS

(If necessary, please provide further information on a separate sheet)

Click or tap here to enter text.

SECTION VI - LEGAL GROUNDS FOR JUSTIFYING THE REQUEST

Please indicate what is the applicant's current situation as regards rights of access to the child:

- ~~Applicant does not currently have rights of access and would like to establish them through this request.~~
- Applicant has rights of access by virtue of a ~~court order~~ **decision by a judicial or administrative authority.**
- Applicant has rights of access by **operation of law** ~~(i.e., where there is no decision by a judicial or administrative authority or an enforceable agreement).~~
- Applicant has rights of access by virtue of a **legally binding agreement** ~~(i.e., an agreement reached by the parties regarding rights of access and having legal effect under the law applicable in the State of the child's habitual residence).~~
- ~~Applicant seeks to establish rights of access through the current proceedings.~~
- Other** (please specify): Click or tap here to enter text.

SECTION VII – ONGOING PROCEDURES CONCERNING THE CHILD <u>AND THEIR FAMILY</u> (IF <u>KNOWN OR APPLICABLE</u>)		
ONGOING LEGAL PROCEEDINGS		
Ongoing civil proceedings in the <u>requesting</u> State Not applicable <input type="checkbox"/>	Name of court <u>authority</u>	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.
	Please provide details: Click or tap here to enter text.	
Ongoing civil proceedings in the <u>requested</u> State Not applicable <input type="checkbox"/>	Name of court <u>authority</u>	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.
	Please provide details: Click or tap here to enter text.	
Ongoing civil proceedings in a <u>third</u> State Not applicable <input type="checkbox"/>	Name of court <u>authority</u>	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.
	Please provide details: Click or tap here to enter text.	
ONGOING ALTERNATIVE DISPUTE RESOLUTION PROCEDURES		
Please provide details regarding ongoing <u>ADR-alternative dispute resolution</u> procedures (e.g., out-of-court mediation) relating to the child: Click or tap here to enter text.		

SECTION VIII – AMICABLE <u>SETTLEMENT RESOLUTION</u> OF THE DISPUTE
Are you <u>in principle</u> willing to participate in an amicable <u>settlement-resolution</u> of the dispute (<u>e.g.</u> , by means <u>e.g.</u> , of conciliation or mediation)? <input type="checkbox"/> Yes <input type="checkbox"/> No (please explain): Click or tap here to enter text. <input type="checkbox"/> I do not know

SECTION IX – PROPOSED ARRANGEMENTS FOR EXERCISING THE RIGHTS OF ACCESS

Are there any arrangements that would facilitate the exercise of your rights of access ~~and~~ that you would like to propose? (e.g., possible dates and place of the visits, means of transport, person responsible for picking up and dropping off the child, contribution towards travel costs, visa arrangements, practicalities of organising online contact)
(If necessary, please provide further information on a separate sheet.)

Click or tap here to enter text.

SECTION X – OTHER RELEVANT INFORMATION

Please set out any further information relevant to the access application (e.g., immigration issues, travel limitations, medical / healthcare needs).
(If necessary, please provide further information on a separate sheet.)

Click or tap here to enter text.

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 note that the documents marked in bold are mandatory documents. Please consult the Central Authority in your State for information on whether any particular documents are required for the application.	
<i>Concerning the child</i>	
(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 <u>or equivalent document</u>
(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"/>	Copy of the medical prescription for treatment (if applicable)
(ef) <input type="checkbox"/>	Other: Click or tap here to enter text.
<i>Concerning the applicant</i>	
(fg) <input type="checkbox"/>	Copy of the applicant’s identity card(s) / travel document(s)
(gh) <input type="checkbox"/>	Legal aid form (if applicable)
(hi) <input type="checkbox"/>	Power of Attorney (if applicable)
(ij) <input type="checkbox"/>	Other: Click or tap here to enter text.
<i>Concerning the parents</i>	
(ik) <input type="checkbox"/>	Copy of the marriage or registered partnership certificate of the child’s parents (if applicable)
(kl) <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)
(lm) <input type="checkbox"/>	Other: Click or tap here to enter text.
<i>Concerning the <u>parent / person with whom the child is currently living thought to prevent the exercise of the rights of access</u> or other persons thought to be with the child</i>	
(m) <input type="checkbox"/>	Recent photograph of the <u>parent / person with whom the child is currently living thought to prevent the exercise of the rights of access to the child</u> (please date the attached photographs)
(ne) <input type="checkbox"/>	Copy of the identity card(s)/travel document(s) of the <u>parent / person with whom the child is currently living thought to prevent the exercise of the rights of access to the child</u>
(p) <input type="checkbox"/>	Recent photograph of other person(s) thought to be with the child (please date the provided photographs) (if applicable)
(oq) <input type="checkbox"/>	Other: Click or tap here to enter text.
<i>Others (please specify)</i>	
(r) <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)
(ps) <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 Click or tap here to enter text. (name of the requested State) to act on my behalf, where required, with respect to my application for ~~the~~ access ~~of to~~ the following child(ren): Click or tap here to enter text. _____.

 (Signature of the applicant)

Name: Click or tap here to enter text.
 Date: Click or tap here to enter text.
 ID card No./Passport type and No: _____