

U. S. Department of State

OMB NO. 1405-0076 EXPIRES: 04-30-2019 Estimated Burden - 1 Hour

APPLICATION UNDER THE HAGUE CONVENTION ON THE CIVIL ASPECTS OF INTERNATIONAL CHILD ABDUCTION

FILL OUT ALL SECTIONS ON BOTH SIDES
*Provide information below to the extent that it is available.

This is an application for the Return of Access to the child/children listed below. I. FIRST CHILD SUBJECT OF APPLICATION Place of Birth Child's Name (Last, First, MI.) Date of Birth (mm-dd-yyyy) Passport/Identity Card* Address (At Time of Removal) U.S. SSN* Country Number Address and Telephone Number of Child's Current Location (If Known) Citizenship(s) Weight Color of Hair Height Color of Eyes Name of Child's Mother if not Listed in Section II or III3 Name of Child's Father if not Listed in Section II or III II. APPLICANT (PERSON SEEKING RETURN OF/ACCESS TO CHILD/CHILDREN) Name (Last, First, MI) Date of Birth (mm-dd-yyyy) Place of Birth Relationship to Child/ren Passport/Identity Card* Citizenship(s) U.S. SSN* Country Number Current Address, Telephone Number, and Email Address Occupation Name, Address, and Telephone Number of Legal Advisor* III. PERSON ALLEGED TO HAVE WRONGFULLY REMOVED OR RETAINED THE CHILD/CHILDREN Date of Birth (mm-dd-yyyy) Name (Last, First, MI) Place of Birth Relationship to Child/ren Citizenship(s) U.S. SSN* Passport/Identity Card* Country Number Occupation, Name, and Address of Employer (If Known) Known Aliases Address and Telephone Number of Current Location Height Weight Color of Hair Color of Eyes

IV. ADDITIONAL CHILD/CHILDREN Subject of Application					
Child's Name (Last, First, MI)		Date of Birth (mm-dd-yyyy)	Place of Birth		
Address (At Time of Removal)		U.S. SSN*	Passport/Identity Card* Country		
Address and Telephone Number of Child's Current Location (If Known)			Number Citizenship(s)		
Height	Weight	Color of Hair	<u> </u>	Color of Eyes	
Name of Child's Father if not Listed in Section II or III		Name of Child's Mother if not Listed in Section II or III			
Child's Name (Last, First, MI)		Date of Birth (mm-dd-yyyy)	Place of Birth		
Address (At Time of Removal)		U.S. SSN*	Passport/Identity Card* Country Number		
Address and Telephone Number of Ch	ild's Current Location (If Known)		Citizen	ship(s)	
Height	Weight	Color of Hair		Color of Eyes	
Name of Child's Father if not Listed in Section II or III		Name of Child's Mother if not Listed in Section II or III			
Child's Name (Last, First, MI)		Date of Birth (mm-dd-yyyy)	Place of Birth		
Address (At Time of Removal)		U.S. SSN*	Passport/Identity Card* Country Number		
Address and Telephone Number of Child's Current Location (If Known)		Citizenship(s)			
Height	Weight	Color of Hair	ļ	Color of Eyes	
Name of Child's Father if not Listed in Section II or III		Name of Child's Mother if not Listed in Section II or III			
Child's Name (Last, First, MI)		Date of Birth (mm-dd-yyyy)	Place of Birth		
Address (At Time of Removal)		U.S. SSN*	Passport/Identity Card* Country Number		
Address and Telephone Number of Ch	ild's Current Location (If Known)		Citizer	nship(s)	
Height	Weight	Color of Hair		Color of Eyes	
Name of Child's Father if not Listed in Section II or III		Name of Child's Mother if not Listed in Section II or III			

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ADDITIONAL SHEETS MAY BE ATTACHED

V. TIME, PLACE, DATE AND CIRCUMSTANCES OF THE WRONGFUL REMOVAL OR RETENTION
Additional sheets may be attached.
VI. FACTUAL AND LEGAL JUSTIFICATION FOR THE REQUEST
Habitual Residence (Please provide details related to the child's place of habitual residence.)
(Fleade provide details related to the Grilla's place of Habitadi residence.)
Basis of Applicants' Custody Rights
Supporting Documentation (Please check applicable boxes and attach.)
Law/Statute of Child's Residence at Time of Alleged Removal or Retention
Court Order in Effect at Time of Alleged Removal or Retention
Legally Binding Agreement
Marriage Certificate, If Applicable
Child's Birth Certificate, Required
Other
Are civil proceedings currently in progress? (If yes, please provide details.)
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VII. PROPOSED ARRANGEMENTS FOR RETURN TRAVEL OF CHILD/CHILDREN				
VIII. OTHER PERSONS WITH ADDITIONAL INFORMA	ATION PEI ATING			
TO THE WHEREABOUTS OF THE CHILD/CHILDREN				
Preferably, in country of child's current location. Please include, name, address, te	lephone number, and /or email address.			
IV OTHER RELEVANT INCORMATIC				
IX. OTHER RELEVANT INFORMATION				
Applicant Signature (Sign in Blue Ink)	Date (mm-dd-yyyy)			

PRIVACY ACT STATEMENT

AUTHORITY: The information solicited on this form is requested under the authority of the International Child Abduction Remedies Act, Public Law 100-300, codified at 22 U.S.C. 9001 et. seq..

PURPOSE: The primary purpose for soliciting the information is to evaluate applicants' claims under the Hague Convention on the Civil Aspects of International Child Abduction, advise applicants about available legal remedies, and locate abducted children.

Furnishing your social security number, as well as the other information requested on this form, is voluntary. The social security number may be used, if necessary, to authenticate the identities of individuals that are listed in the applicant claim.

ROUTINE USES: The information will be used to assist in facilitating operations under the Convention and may be provided to governments of member countries, bar associations and legal aid services, local police, social service agencies, and parents. This information may also be released on a need-to-know basis to other government agencies, including foreign agencies, having statutory or other lawful authority to gain access to such information. More information on the Routine Uses for the system can be found in the System of Records Notice State-05, Overseas Citizens Services Records.

DISCLOSURE: Providing the information requested on this form, including the child's social security number, is voluntary. Failure to submit this form or to provide all the requested information may result in delay in the processing of your application.

PAPERWORK REDUCTION ACT STATEMENT

*Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. You do not have to provide this information requested if the OMB approval has expired. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: CA/OCS/L, SA-29, 4th Floor, U.S. Department of State, Washington, DC 20037-3202.

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