



# 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. (Select only one)

I. FIRST CHILD SUBJECT OF APPLICATION			
Child's Name (Last, First, MI)		Date of Birth (mm-dd-yyyy)	Place of Birth
Address (Habitual Residence at Time of Removal or Retention)		U.S. SSN	Passport/Identity Card Country Number
Address of Child's Current Location (If Known)		Telephone Number of Child's Current Location (If Known)	Citizenship(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)	
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	Citizenship(s)	U.S. SSN	Passport/Identity Card Country Number
Current Address		Telephone Number	Email Address
Preferred Language		Occupation	
Name, Address, and Telephone Number of Legal Advisor			
III. PERSON ALLEGED TO HAVE WRONGFULLY REMOVED OR RETAINED THE CHILD/CHILDREN			
Name (Last, First, MI)		Date of Birth (mm-dd-yyyy)	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 <i>(Last, First, MI)</i>		Date of Birth <i>(mm-dd-yyyy)</i>	Place of Birth
Address <i>(Habitual Residence at Time of Removal or Retention)</i>		U.S. SSN	Passport/Identity Card Country  Number
Address and Telephone Number of Child's Current Location <i>(If Known)</i>			Citizenship(s)
Height	Weight	Color of Hair	Color of Eyes
Name of Child's Father <i>(if not Listed in Section II or III)</i>		Name of Child's Mother <i>(if not Listed in Section II or III)</i>	
Child's Name <i>(Last, First, MI)</i>		Date of Birth <i>(mm-dd-yyyy)</i>	Place of Birth
Address <i>(Habitual Residence at Time of Removal or Retention)</i>		U.S. SSN	Passport/Identity Card Country  Number
Address and Telephone Number of Child's Current Location <i>(If Known)</i>			Citizenship(s)
Height	Weight	Color of Hair	Color of Eyes
Name of Child's Father <i>(if not Listed in Section II or III)</i>		Name of Child's Mother <i>(if not Listed in Section II or III)</i>	
Child's Name <i>(Last, First, MI)</i>		Date of Birth <i>(mm-dd-yyyy)</i>	Place of Birth
Address <i>(Habitual Residence at Time of Removal or Retention)</i>		U.S. SSN	Passport/Identity Card Country  Number
Address and Telephone Number of Child's Current Location <i>(If Known)</i>			Citizenship(s)
Height	Weight	Color of Hair	Color of Eyes
Name of Child's Father <i>(if not Listed in Section II or III)</i>		Name of Child's Mother <i>(if not Listed in Section II or III)</i>	
Child's Name <i>(Last, First, MI)</i>		Date of Birth <i>(mm-dd-yyyy)</i>	Place of Birth
Address <i>(Habitual Residence at Time of Removal or Retention)</i>		U.S. SSN	Passport/Identity Card Country  Number
Address and Telephone Number of Child's Current Location <i>(If Known)</i>			Citizenship(s)
Height	Weight	Color of Hair	Color of Eyes
Name of Child's Father <i>(if not Listed in Section II or III)</i>		Name of Child's Mother <i>(if not Listed in Section II or III)</i>	
Child's Name <i>(Last, First, MI)</i>		Date of Birth <i>(mm-dd-yyyy)</i>	Place of Birth
Address <i>(Habitual Residence at Time of Removal or Retention)</i>		U.S. SSN	Passport/Identity Card Country  Number
Address and Telephone Number of Child's Current Location <i>(If Known)</i>			Citizenship(s)
Height	Weight	Color of Hair	Color of Eyes
Name of Child's Father <i>(if not Listed in Section II or III)</i>		Name of Child's Mother <i>(if not Listed in Section II or III)</i>	

**V. CIRCUMSTANCES OF THE WRONGFUL REMOVAL OR RETENTION**

Date of Wrongful Removal or Retention (*mm-dd-yyyy*)  
 Use approximate date if exact date unknown

Place of Wrongful Removal or Retention

Circumstances of Abduction (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.)

**Basis of Applicants' Custody Rights**

Required documentation, please select at least one

Supporting Documentation (Please check applicable boxes and attach.)

- Law/Statute Relating to Custody for Child's Residence at Time of Alleged Removal or Retention
- Court Order in Effect at Time of Alleged Removal or Retention
- Legally Binding Agreement
- Other \_\_\_\_\_

Are civil proceedings currently in progress? (If yes, please provide details.)

**VII. PROPOSED ARRANGEMENTS FOR RETURN TRAVEL OF CHILD/CHILDREN**

How will child return (i.e. flight)? Will you or someone you designate as a power of attorney accompany the child? Please provide as many details as possible.

**VIII. OTHER PERSONS WITH ADDITIONAL INFORMATION RELATING TO THE WHEREABOUTS OF THE CHILD/CHILDREN**

Preferably, in country of child's current location. Please include, name, relationship to child/parent, address, and contact information.

**IX. SUPPORTING DOCUMENTATION AND OTHER RELEVANT INFORMATION**

Parents married?  Yes  No If so, date: \_\_\_\_\_ If yes, marriage certificate must be attached.  
Parents divorced?  Yes  No If so, date: \_\_\_\_\_ If yes, divorce decree must be attached.  
Custody Order existing at time of removal or retention? If so, please provide a copy of the order.

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 initiate the processing of a Hague Abduction Convention with the U.S. Central Authority.

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, attorneys, 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 and the Department's Prefatory Statement of Routine Uses.

**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: L/CA, 2201 C St., NW, SA-17; 10th Floor, U.S. Department of State, Washington, DC 20522-1710.