U. S. Department of State

# APPLICATION FOR ASSISTANCE UNDER THE HAGUE CONVENTION ON INTERNATIONAL CHILD ABDUCTION

OMB NO. 1405-0076
EXPIRES 10-31-2003
Estimated Burden - 2 Hours*

*FILL OUT ALL SECTIONS ON BOTH SIDES*
*A SEPARATE FORM IS REQUIRED FOR EACH CHILD*

Application for: ☐ **RETURN** ☐ **ACCESS**

## I. IDENTITY OF CHILD AND PARENTS

| CHILD'S NAME *(Last, First, Middle)* | DATE OF BIRTH *(mm-dd-yyyy)* | PLACE OF BIRTH |
|---|---|---|
| ADDRESS *(At time of removal)* | U.S. SOCIAL SECURITY NO. | PASSPORT/IDENTITY CARD COUNTRY: NO. / NATIONALITIES |

| HEIGHT | WEIGHT | SEX ☐ Male ☐ Fem | COLOR OF HAIR | COLOR OF EYES |
|---|---|---|---|---|

| FATHER | | | MOTHER | | |
|---|---|---|---|---|---|
| NAME *(Last, First, Middle)* | | | NAME *(Last, First, Middle)* | | |
| DATE OF BIRTH *(mm-dd-yyyy)* | PLACE OF BIRTH | | DATE OF BIRTH *(mm-dd-yyyy)* | PLACE OF BIRTH | |
| NATIONALITIES | OCCUPATION | PASSPORT/IDENTITY CARD COUNTRY: NO. | NATIONALITIES | OCCUPATION | PASSPORT/IDENTITY CARD COUNTRY: NO. |
| CURRENT ADDRESS AND TELEPHONE NUMBER | | | CURRENT ADDRESS AND TELEPHONE NUMBER | | |
| U.S. SOCIAL SECURITY NO. | | | U.S. SOCIAL SECURITY NO. | | |
| COUNTRY OF HABITUAL RESIDENCE | | | COUNTRY OF HABITUAL RESIDENCE | | |
| DATE AND PLACE OF MARRIAGE, IF APPLICABLE | | | DATE AND PLACE OF DIVORCE, IF APPLICABLE | | |

## II. PERSON SEEKING RETURN OF/ACCESS TO CHILD

| NAME *(Last, First, Middle)* | NATIONALITIES | RELATIONSHIP TO CHILD |
|---|---|---|
| CURRENT ADDRESS AND TELEPHONE NUMBER | OCCUPATION | |
| NAME, ADDRESS, AND TELEPHONE NO. OF LEGAL ADVISER, IF ANY | | |

## III. INFORMATION CONCERNING THE PERSON ALLEGED TO HAVE WRONGFULLY REMOVED OR RETAINED CHILD

| NAME *(Last, First, Middle)* | RELATIONSHIP TO CHILD | KNOWN ALIASES |
|---|---|---|
| DATE OF BIRTH *(mm-dd-yyyy)* | PLACE OF BIRTH | NATIONALITIES |
| OCCUPATION, NAME AND ADDRESS OF EMPLOYER | PASSPORT/IDENTITY CARD COUNTRY: NO. | U.S. SOCIAL SECURITY NO. |
| CURRENT LOCATION | | |

| HEIGHT | WEIGHT | COLOR OF HAIR | COLOR OF EYES |
|---|---|---|---|



*SEE PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENTS ON REVERSE

**ADDITIONAL SHEETS MAY BE ATTACHED**

OTHER PERSONS WITH POSSIBLE ADDITIONAL INFORMATION RELATING TO THE WHEREABOUTS OF CHILD

## IV. TIME, PLACE, DATE, AND CIRCUMSTANCES OF THE WRONGFUL REMOVAL OR RETENTION

## V. FACTUAL OR LEGAL GROUNDS JUSTIFYING THE REQUEST

## VI. CIVIL PROCEEDINGS IN PROGRESS, IF ANY

## VII. CHILD IS TO BE RETURNED TO

| NAME *(Last, First, Middle)* | DATE OF BIRTH *(mm-dd-yyyy)* | PLACE OF BIRTH |
|---|---|---|
| | | |

| ADDRESS | TELEPHONE NUMBER |
|---|---|
| | |

PROPOSED ARRANGEMENTS FOR RETURN TRAVEL OF CHILD

## VIII. OTHER REMARKS

| **SIGNATURE OF APPLICANT** *(sign in blue ink)* | DATE *(mm-dd-yyyy)* | PLACE |
|---|---|---|
| | | |

**PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENTS**

This information solicited on this form is requested under the authority of the International Child Abduction Remedies Act, Public Law 100-300. 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.

The principal users of this information are offices within the U.S. Department of State's Bureau of Consular Affairs. 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.

Furnishing your social security number, as well as the other information requested on this form, is voluntary. However, failure to submit this form or to provide all the requested information may result in delay in the processing of your application.

*Public reporting burden for this collection of information is estimated to average 2 hours per response, including time required fro 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: U.S. Department of State (A/RPS/DIR), Washington, DC 20520-1849.