



## JOIN OUR NETWORK

*Thank you for your interest in joining the Hague Convention Attorney Network. Network attorneys provide legal representation to parents involved in international parental child abduction cases.*

*For more information about the **Hague Convention Attorney Network**, contact a Legal Assistance Coordinator at [HagueConventionAttorneyNetwork@state.gov](mailto:HagueConventionAttorneyNetwork@state.gov). For more information about international parental child abduction, view the website [www.childabduction.state.gov](http://www.childabduction.state.gov).*

*Please e-mail this form to [HagueConventionAttorneyNetwork@state.gov](mailto:HagueConventionAttorneyNetwork@state.gov) or fax it to 202-736-9132.*

Name \_\_\_\_\_

Firm Name \_\_\_\_\_

Street Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail \_\_\_\_\_

Website \_\_\_\_\_

Personal Webpage (on Firm website) \_\_\_\_\_

States in which you are an active member in good standing of the State Bar and are able to take cases. Include your bar membership number. (Please inform us if your license status changes.)

\_\_\_\_\_ (State) \_\_\_\_\_ (Bar #)

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\_\_\_\_\_ (State) \_\_\_\_\_ (Bar #)

Federal courts in which you are admitted (if any) (*required*)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Foreign language capability \_\_\_\_\_, \_\_\_\_\_

Type of Practice (family law, mediation, appellate, litigation, immigration, other:

*For INCOMING Hague Convention cases:*

Do you have Hague litigation experience? *Yes No*

Do you offer *pro bono* legal services? *Yes No*

Do you offer reduced fee legal services? *Yes No*

Are you a certified mediator? *Yes No*

For OTHER cases:

Please include me on **full fee** attorney referral lists for these cases:

Incoming non-Hague abductions *Yes No*

Outgoing abductions (Hague and non-Hague) *Yes No*

Abduction prevention *Yes No*

Domestic substantive custody/visitation *Yes No*

Fine print: You are never obligated to take a case. You may withdraw from the Hague Convention Attorney Network at any time simply by notifying the Legal Assistance Coordinator at [HagueConventionAttorneyNetwork@state.gov](mailto:HagueConventionAttorneyNetwork@state.gov). The U.S. Department of State has exclusive discretion to accept your enrollment, and may remove your name from the Hague Convention Attorney Network at any time, and may decline to provide a reason.

I affirm that I am currently in good professional standing and am not facing any pending disciplinary proceedings. I will notify the Hague Convention Attorney Network if my license status changes.

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(date)