



U. S. Department of State

OMB NO. 1405-0076
EXPIRES: 03-31-2019
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

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	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, and Email Address			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>(At Time of Removal)</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 if not Listed in Section II or III		Name of Child's Mother if not Listed in Section II or III	

Child's Name <i>(Last, First, MI)</i>		Date of Birth <i>(mm-dd-yyyy)</i>	Place of Birth
Address <i>(At Time of Removal)</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 if not Listed in Section II or III		Name of Child's Mother if not Listed in Section II or III	

Child's Name <i>(Last, First, MI)</i>		Date of Birth <i>(mm-dd-yyyy)</i>	Place of Birth
Address <i>(At Time of Removal)</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 if not Listed in Section II or III		Name of Child's Mother if not Listed in Section II or III	

Child's Name <i>(Last, First, MI)</i>		Date of Birth <i>(mm-dd-yyyy)</i>	Place of Birth
Address <i>(At Time of Removal)</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 if not Listed in Section II or III		Name of Child's Mother if not Listed in Section II or III	

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.)*

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.)*

VII. PROPOSED ARRANGEMENTS FOR RETURN TRAVEL OF CHILD/CHILDREN**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, address, telephone number, and /or email address.

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.