



**SECTION I - TO BE COMPLETED BY THE APPLICANT**

**PERSONAL DATA OF CHILD**

|   |               |                         |   |                       |  |
|---|---------------|-------------------------|---|-----------------------|--|
| <b>PATERNAL SURNAME</b>   |               | <b>MATERNAL SURNAME</b> |   | <b>FULL NAME</b>      |  |
| 1   |               |                         |   |                       |  |
| 2   |               |                         |   |                       |  |
| 3   |               |                         |   |                       |  |
| <b>DATE OF BIRTH</b>  |               |                         | <b>PLACE OF BIRTH</b>                                     |                       |  |
| <b>DAY</b>  | <b>MONTH</b>  | <b>YEAR</b>             | <b>CITY/ PROVINCE</b>                                     | <b>COUNTRY</b>        |  |
| 1   |               |                         |   |                       |  |
| 2   |               |                         |   |                       |  |
| 3   |               |                         |   |                       |  |
| <b>LAST KNOWN ADDRESS BEFORE THE ABDUCTION</b>                  |               |                         |   |                       |  |
| <b>STREET/NUMBER</b>  |               | <b>CITY/PROVINCE</b>    | <b>POST CODE</b>  | <b>COUNTRY</b>        |  |
| 1   |               |                         |   |                       |  |
| 2   |               |                         |   |                       |  |
| 3   |               |                         |   |                       |  |
| <b>CURRENT ADDRESS AND TELEPHONE NUMBER OF CHILD (IF KNOWN)</b> |               |                         |   |                       |  |
| <b>CIVIL NUMBER IDENTIFICATION DOCUMENT</b>                     |               |                         | <b>PASSPORT NUMBER - DATE OF ISSUE - COUNTRY OF ISSUE</b> |                       |  |
| 1   |               |                         |   |                       |  |
| 2   |               |                         |   |                       |  |
| 3   |               |                         |   |                       |  |
| <b>SEX</b>  | <b>HEIGHT</b> | <b>WEIGHT</b>           | <b>COLOUR OF EYES</b>                                     | <b>COLOUR OF HAIR</b> |  |
| 1 <input type="checkbox"/> F <input type="checkbox"/> M         |               |                         |   |                       |  |
| 2 <input type="checkbox"/> F <input type="checkbox"/> M         |               |                         |   |                       |  |
| 3 <input type="checkbox"/> F <input type="checkbox"/> M         |               |                         |   |                       |  |
| <b>ACTIVITIES AND ENTERTAINMENT CHILD'S HABITUAL</b>            |               |                         |   |                       |  |
| 1   |               |                         |   |                       |  |
| 2   |               |                         |   |                       |  |
| 3   |               |                         |   |                       |  |
| <b>PERSONAL CHARACTERISTICS OR IDENTIFYING FEATURES</b>         |               |                         |   |                       |  |
| 1   |               |                         |   |                       |  |
| 2   |               |                         |   |                       |  |
| 3   |               |                         |   |                       |  |
| <b>HEALTH ISSUES - MEDICATION - SURGICAL HISTORY</b>            |               |                         |   |                       |  |
| 1   |               |                         |   |                       |  |
| 2   |               |                         |   |                       |  |
| 3   |               |                         |   |                       |  |
| <b>IF KNOWN - IN THE CUSTODY/GUARDIANSHIP OF:</b>               |               |                         |   |                       |  |
| 1   |               |                         |   |                       |  |
| 2   |               |                         |   |                       |  |
| 3   |               |                         |   |                       |  |

**FATHER'S PERSONAL DATA**

|                            |       |               |               |         |                                |
|----------------------------|-------|---------------|---------------|---------|--------------------------------|
| NAME AND SURNAME           |       |               |               |         |                                |
| DATE OF BIRTH              |       |               | PLACE OF BIRT |         | HAVE OTHER NATIONALITY? WHICH? |
| DAY                        | MONTH | YEAR          | CITY/PROVINCE | COUNTRY |                                |
| CURRENT ADDRESS            |       |               |               |         |                                |
| STREET/NUMBER              |       | CITY/PROVINCE | POST CODE     | COUNTRY |                                |
| TELEPHONE                  |       |               | EMAIL         |         |                                |
| IDENTITY DOCUMENT/PASSPORT |       |               | OCUPACIÓN     |         |                                |
| COMMENTS                   |       |               |               |         |                                |
| NICKNAMES                  |       |               |               |         |                                |

**MATHER'S PERSONAL DATA**

|                            |       |               |               |         |                                |
|----------------------------|-------|---------------|---------------|---------|--------------------------------|
| NAME AND SURNAME           |       |               |               |         |                                |
| DATE OF BIRTH              |       |               | PLACE OF BIRT |         | HAVE OTHER NATIONALITY? WHICH? |
| DAY                        | MONTH | YEAR          | CITY/PROVINCE | COUNTRY |                                |
| CURRENT ADDRESS            |       |               |               |         |                                |
| STREET/NUMBER              |       | CITY/PROVINCE | POST CODE     | COUNTRY |                                |
| TELEPHONE                  |       |               | EMAIL         |         |                                |
| IDENTITY DOCUMENT/PASSPORT |       |               | OCUPACIÓN     |         |                                |
| COMMENTS                   |       |               |               |         |                                |
| NICKNAMES                  |       |               |               |         |                                |

**APPLICANT** (Person or institution applying for return)

|   |                                |                                    |           |
|---|--------------------------------|------------------------------------|-----------|
| NAME AND SURNAME                                    |                                |                                    |           |
| AGE   | PLACE OF BIRTH - CITY/PROVINCE |                                    | COUNTRY   |
|   |                                |                                    |           |
| RELATIONSHIP TO CHILD                               |                                | PASSPORT NUMBER AND DATE OF EXPIRY |           |
| CURRENT ADDRESS                                     |                                |                                    |           |
| STREET/NUMBER                                       |                                | CITY/PROVINCE                      | POST CODE |
|   |                                |                                    |           |
| TELEPHONE/MOBILE NUMBER                             |                                | EMAIL                              |           |
|   |                                |                                    |           |
| OCCUPATION  | WORK ADDRESS                   |                                    | TELEPHONE |
|   |                                |                                    |           |
| NAME, ADDRESS AND TELEPHONE NUMBER OF LEGAL ADVISER |                                |                                    |           |
|   |                                |                                    |           |

**PERSON WHO IS CLAIMED TO HAVE ILLICITLY REMOVED OR RETAINED THE CHILD**

|   |                                |                                    |   |
|---|--------------------------------|------------------------------------|---|
| NAME AND SURNAME  |                                |                                    |   |
| AGE   | PLACE OF BIRTH - CITY/PROVINCE |                                    | COUNTRY                                       |
|   |                                |                                    |   |
| RELATIONSHIP TO CHILD   |                                | PASSPORT NUMBER AND DATE OF EXPIRY |   |
| CURRENT ADDRESS   |                                |                                    |   |
| STREET/NUMBER   |                                | CITY/PROVINCE                      | POST CODE                                     |
|   |                                |                                    |   |
| TELEPHONE/MOBILE NUMBER   |                                | EMAIL                              |   |
|   |                                |                                    |   |
| OCCUPATION; NAME AND ADDRESS OF EMPLOYER  |                                |                                    | COUNTRY WHERE HE RESIDES BEFORE THE ABDUCTION |
|   |                                |                                    |   |
| HEIGHT  | WEIGHT                         | COLOUR OF EYES                     | COLOUR OF HAIR                                |
|   |                                |                                    |   |
| CREDIT CARD   | NUMBER                         |                                    | DRIVING LICENCE                               |
| 1   | .....                          |                                    |   |
| 2   | .....                          |                                    |   |
| 3   | .....                          |                                    |   |
| CURRENT MARITAL STATUS  |                                | NAME OF SPOUSE/PARTNER             |   |
| <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> divorced<br><input type="checkbox"/> consensual union <input type="checkbox"/> widower <input type="checkbox"/> separated |                                |                                    |   |
| NAME, ADDRESS AND TELEPHONE NUMBER OF LEGAL ADVISER   |                                |                                    |   |
|   |                                |                                    |   |
| Include this information ONLY IF KNOWN  |                                |                                    |   |

**DESCRIPTION OF FACTS OR CIRCUMSTANCES OF THE ABDUCTION, UNLAWFUL REMOVAL OR ILLICIT RETENTION**  
 Include here all details deemed to be relevant, with no restrictions as to number of pages, providing the fullest amount of information possible

|  |                    |
|--|--------------------|
| <b>PLACE OF ABDUCTION-</b> (home, school, public place, other) | <b>DATE - TIME</b> |
| <b>DESCRIPTION OF FACTS</b>                                    |                    |

**PERSON(S) TRAVELLING WHEN THE ABDUCTION TOOK PLACE, OR WITH THE ABDUCTOR - IF KNOWN**

|   |                                       |   |                |
|---|---------------------------------------|---|----------------|
| <b>NAME AND SURNAME</b>                         |                                       |   |                |
| 1   |                                       |   |                |
| 2   |                                       |   |                |
| 3   |                                       |   |                |
| <b>AGE</b>                                      | <b>PLACE OF BIRTH - CITY/PROVINCE</b> | <b>COUNTRY</b>                            |                |
| 1   |                                       |   |                |
| 2   |                                       |   |                |
| 3   |                                       |   |                |
| <b>RELATIONSHIP TO CHILD</b>                    |                                       | <b>PASSPORT NUMBER AND DATE OF EXPIRY</b> |                |
| 1   |                                       |   |                |
| 2   |                                       |   |                |
| 3   |                                       |   |                |
| <b>CURRENT ADDRESS OR LAST KNOWN ADDRESS</b>    |                                       |   |                |
| <b>STREET/NUMBER</b>                            | <b>CITY/PROVINCE</b>                  | <b>POSTALCODE</b>                         | <b>COUNTRY</b> |
| 1   |                                       |   |                |
| 2   |                                       |   |                |
| 3   |                                       |   |                |
| <b>TELEPHONE/MOBILE NUMBER</b>                  |                                       | <b>EMAIL</b>                              |                |
| 1   |                                       |   |                |
| 2   |                                       |   |                |
| 3   |                                       |   |                |
| <b>OCCUPATION; NAME AND ADDRESS OF EMPLOYER</b> |                                       |   |                |
| 1   |                                       |   |                |
| 2   |                                       |   |                |
| 3   |                                       |   |                |

**DOES THE ABDUCTOR HAVE RELATIVES OR FRIENDS IN THE COUNTRY BEING APPLIED TO?**

| NAME AND SURNAME                         |                                |                                    |         |
|--|--------------------------------|------------------------------------|---------|
| 1  |                                |                                    |         |
| 2  |                                |                                    |         |
| 3  |                                |                                    |         |
| AGE                                      | PLACE OF BIRTH - CITY/PROVINCE | COUNTRY                            |         |
| 1  |                                |                                    |         |
| 2  |                                |                                    |         |
| 3  |                                |                                    |         |
| RELATIONSHIP TO CHILD                    |                                | PASSPORT NUMBER AND DATE OF EXPIRY |         |
| 1  |                                |                                    |         |
| 2  |                                |                                    |         |
| 3  |                                |                                    |         |
| CURRENT ADDRESS OR LAST KNOWN ADDRESS    |                                |                                    |         |
| STREET/NUMBER                            | CITY/PROVINCE                  | POSTALCODE                         | COUNTRY |
| 1  |                                |                                    |         |
| 2  |                                |                                    |         |
| 3  |                                |                                    |         |
| TELEPHONE/MOBILE NUMBER                  |                                | EMAIL                              |         |
| 1  |                                |                                    |         |
| 2  |                                |                                    |         |
| 3  |                                |                                    |         |
| OCCUPATION; NAME AND ADDRESS OF EMPLOYER |                                |                                    |         |
| 1  |                                |                                    |         |
| 2  |                                |                                    |         |
| 3  |                                |                                    |         |

**DOCUMENTS ATTACHED TO THIS APPLICATION - If we had**

|   |
|---|
| <input type="checkbox"/> Photograph of child<br><input type="checkbox"/> Photograph of the person who is claimed to have abducted or retained the minor<br><input type="checkbox"/> Map of the area where the child may be located<br><input type="checkbox"/> Child's birth certificate (must be provided)<br><input type="checkbox"/> Marriage certificate, if applicable<br><input type="checkbox"/> Divorce judgment, if applicable<br><input type="checkbox"/> Custody decree, if applicable<br><input type="checkbox"/> Entry visas to certain countries<br><input type="checkbox"/> Judgment on visitation rights, if applicable<br><input type="checkbox"/> Judgment of termination of parental rights, if applicable<br><input type="checkbox"/> Proof of the child's habitual residence (school certificates, medical certificates, etc.)<br><input type="checkbox"/> Permission or consent to travel<br><input type="checkbox"/> Withdrawal of travel consent<br><input type="checkbox"/> Child's passport or copy of same, if applicable<br><input type="checkbox"/> Special power of attorney for amicable settlement (mediation)<br><input type="checkbox"/> Internal regulations<br><input type="checkbox"/> Other |
|---|

|   |
|---|
| <p>Want to add other information or data?</p><br><br><br><br><br><br><br><br><br><br> |
|---|

**SECTION II - TO BE COMPLETED BY THE REQUESTING CENTRAL AUTHORITY**

**PROCEDURE AND COMPETENT AGENCY TO BE CONTACTED**

|   |               |           |
|---|---------------|-----------|
| DESIGNATION   |               |           |
| HEADQUARTERS ADDRESS  |               |           |
| STREET/NUMBER   | CITY/PROVINCE | POST CODE |
| NAME OF PERSON RESPONSIBLE IN THE AREA OF INTERNATIONAL CHILD ABDUCTION TO BE CONTACTED |               |           |
| TELEPHONE NUMBER  | E-MAIL        |           |
| AGENCIES INVOLVED AND PROCEDURE   |               |           |

**CIRCUMSTANCES OF THE EVENT AND LEGAL GROUNDS FOR THE APPLICATION - If both DATA**

|   |
|---|
| HABITUAL RESIDENCE (provide details regarding the child's place of habitual residence)              |
| BACKGROUND FOR THE APPLICANT'S RIGHTS   |
| <input type="checkbox"/> Inter-American Convention on the International Return of Children - OAS    |
| <input type="checkbox"/> The Hague Convention on the Civil Aspects of International Child Abduction |
| <input type="checkbox"/> Civil Code   |
| <input type="checkbox"/> Domestic legislation – attach documentation                                |
| <input type="checkbox"/> Precautionary measure adopted at the time of removal or retention          |
| <input type="checkbox"/> Legally binding agreement  |
| <input type="checkbox"/> Final custody judgment – custody/visitation rights                         |
| <input type="checkbox"/> Denial of authorization to travel in previous court cases /Judgments       |
| <input type="checkbox"/> Other  |

## JUDICIAL PROCEEDINGS OR ACTIONS PENDING

|                                      |         |
|--------------------------------------|---------|
| COMPETENT COURT/NAME OF JUDGE        |         |
| VENUE ADDRESS (STREET AND NUMBER)    |         |
| CITY/PROVINCE                        | COUNTRY |
| PERSON RESPONSIBLE TO CONTACT        |         |
| TELEPHONE NUMBER                     | E-MAIL  |
| FILE IDENTIFICATION / JUDICIAL CLAIM |         |

## PLAN OF ACTIONS TO BE CARRIED OUT

|   |
|---|
| RETURN DEADLINE   |
| APPLICATION OF CAUTIONARY MEASURES<br><input type="checkbox"/> YES <input type="checkbox"/> NO -- DESCRIBE WHICH  |
| PRIOR VOLUNTARY STAGE<br><input type="checkbox"/> I wish to attempt a prior voluntary stage <input type="checkbox"/> I do not wish to attempt a prior voluntary stage |
| STAGE MANAGEMENT - MEDIATION <input type="checkbox"/> administrative stage <input type="checkbox"/> judicial stage<br>DESCRIBE PROCEDURE AND RESULTS                  |
| STAGE COURT - JURISDICTION AND PROCEDURE HEADQUARTERS   |

## PROPOSED CONDITIONS FOR THE RETURN AND SAFE TRANSFER OF THE CHILD

|  |
|--|
| <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> INSTITUTIONAL -- DESCRIBE |
|--|

## INCLUSION OF THE CHILD ON THE MULTIDISCIPLINARY TEAM SPECIALIZING IN ICA

|  |
|--|
| ACTION IN ORDER TO RESTITUTION AND RETURN – FOLLOW-UP<br>POINT OF REFERENCE/COMPETENT TEAM |
|--|

**APPLICANT'S SIGNATURE**

**PLACE AND DATE**

\_\_\_\_\_  
**Printed name:**

**SIGNATURE AND SEAL OF THE COMPETENT CENTRAL AUTHORITY**

\_\_\_\_\_