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|  | | | **Application**  pursuant to the Hague Convention of 25 October 1980 on the Civil Aspects of International Child Abduction | | | | | |
|  | | |  | | | | | |
| The Norwegian Directorate for Children, Youth and Family Affairs  Postboks 2233  3103 Tønsberg  NORWAY | | | Please complete, print out, and sign this form, and forward the original document to The Norwegian Directorate for Children, Youth and Family Affairs, using the contact information provided to the left. You may provide extra information on a separate piece of paper if necessary. For further information on child abduction, please visit our child abduction web site www.government.no/child-abduction. | | | | | |
| **1. Application for repatriation/access** | | | | | | | | |
| Requesting Central Authority | | | Requested State | | | | | |
| Directorate for Children, Youth and Family Affairs | | |  | | | | | |
| Name of child/ren concerned | | | Who will reach the age of 16 on (date) | | | | | |
|  | | |  | | | | | |
| Request for return | | | Request for Access under Article 21 | | | | | |
|  | | | | | | |  | |
| **2. Details of child/ren and parents** | | | | | | | | |
| **2.1 Child 1** | | | | | | | | |
| Surname | | | First Names | | | | | |
|  | | |  | | | | | |
| Date of Birth | Place of Birth | | Nationality | | | | | |
|  |  | |  | | | | | |
| Country of habitual residence (immediately before removal) | | |  | | | | | |
|  | | | Male | | Female | | | |
| Passport No | | | Identity No | | | | | |
|  | | |  | | | | | |
| **2.2 Child 2** - **if you have more than two children, please print out and complete more copies of this page** | | | | | | | | |
| Surname | | | First Names | | | | | |
|  | | |  | | | | | |
| Date of Birth | Place of Birth | | Nationality | | | | | |
|  |  | |  | | | | | |
| Country of habitual residence (immediately before removal) | | |  | | | | | |
|  | | | Male | | Female | | | |
| Passport No | | | Identity No | | | | | |
|  | | |  | | | | | |
| **2.3 Mother** | | | | | | | | |
| Surname | | | First Names | | | | | |
|  | | |  | | | | | |
| Date of Birth | Place of Birth | | Nationality | | | | | |
|  |  | |  | | | | | |
| Country of habitual residence | | | Occupation | | | | | |
|  | | |  | | | | | |
| Passport No | | | Identity No | | | | | |
|  | | |  | | | | | |
| **2.4 Father** | | | | | | | | |
| Surname | | | First Names | | | | | |
|  | | |  | | | | | |
| Date of Birth | Place of Birth | | Nationality | | | | | |
|  |  | |  | | | | | |
| Country of habitual residence | | | Occupation | | | | | |
|  | | |  | | | | | |
| Passport No | | | Identity No | | | | | |
|  | | |  | | | | | |
| **2.5 Civil status of the parents** | | | | | | | | |
| Date and place of marriage | | | Date and place of divorce | | | | | |
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| **3. Details of applicant (requesting individual or institution)** | | | | | | | | |
| Surname | | | First Names | | | | | |
|  | | |  | | | | | |
| Date of Birth | Place of Birth | | Nationality | | | | | |
|  |  | |  | | | | | |
| Country of habitual residence | | | Occupation | | | | | |
|  | | |  | | | | | |
| Relationship to child | | | | | | | | |
|  | | | | | | | | |
| Contact address | | | | | | | Postcode | |
|  | | | | | | |  | |
| E-mail | | | Telephone No | | | | Mobile Telephone No | |
|  | | |  | | | |  | |
| Knowledge of languages | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | |  | |
| **4. Details of legal representative (if any)** | | | | | | | | |
| Name of attorney | | | | | | | | |
|  | | | | | | | | |
| Contact address | | | | | | | | Postcode |
|  | | | | | | | |  |
| E-mail | | | Telephone No | | | Mobile Telephone No | | Fax No |
|  | | |  | | |  | |  |
| Knowledge of languages | | | | | | | | |
|  | | | | | | | | |
| Please correspond with me regarding my case | | | Please correspond with my attorney regarding my case | | | | | |
|  | | | | | | |  | |
| **5. Details of person to have removed/retained/prevented contact with child and current location of child** | | | | | | | | |
| Surname | | | First Names | | | | | |
|  | | |  | | | | | |
| Date of Birth | Place of Birth | | Nationality | | | | | |
|  |  | |  | | | | | |
| Relationship to child | | | Occupation | | | | | |
|  | | |  | | | | | |
| Last known address | | | | | | | | |
|  | | | | | | | | |
| Details of location of child | | | | | | | | |
|  | | | | | | | | |
| Details of other persons who might be able to supply additional information relating to the location of the child | | | | | | | | |
|  | | | | | | | | |
| Knowledge of languages | | | | | | | | |
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| **6. Civil court proceedings that are concluded or are in progress – in or outside Norway** | | | | | | | | |
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| **7. Re: Request for return** | | | | | | | | |
| Date and circumstances of the wrongful removal or retention – including events leading up to the removal/retention of child | | | | | | | | |
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| Factual and legal grounds justifying the request | | | | | | | | |
|  | | | | | | | | |
| Proposed arrangements for the return of the child, including information as to where the child shall be returned, whether you are prepared to travel to the country to which the child has been taken to attend a court hearing or to collect the child, and any other remarks. | | | | | | | | |
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| **8. Re: Request for access under Article 21** | | | | | | | | |
| Factual and legal grounds justifying the application for access | | | | | | | | |
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| Proposed arrangements for access with your child | | | | | | | | |
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| **9. List of documents attached** | | | | | | | | |
| Your should include copies of documents proving your child's habitual residence in Norway (for instance school registration records or records from the Norwegian Population Registry), documents proving you have custody of the child (for instance a court order or an agreement relating to custody or access), and photos of the child and the abductor if possible. Any decision or agreement must be forwarded in original or as an authenticated copy. Other documents should also be forwarded in original or as authenticated copies. | | | | | | | | |
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| **10. Applicant's authorization according to Article 28 of the Convention** | | | | | | | | |
| I hereby authorize the requested Central Authority, and/or their designated representative, to act on my behalf in connection with this application. | | | | | | | | |
| Date | Full name of applicant (block letters) | | | Signature | | | | |
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