OMB Control No: 0970-0488

Expiration date: XX/XX/XXXX

***Convention on the International Recovery of Child Support and Other Forms of Family Maintenance***

**Application for Recognition or Recognition and Enforcement**

**(** **Article 10(1) *a)***  **Article 10(2) *a)***  **Article 30)**

**CONFIDENTIALITY AND PERSONAL DATA PROTECTION NOTICE**

***Personal data gathered or transmitted under the Convention shall be used only for the purposes for which it was gathered or transmitted. Any authority processing such information shall ensure its confidentiality, in accordance with the law of its State.***

***An authority shall not disclose or confirm information gathered or transmitted in application of this Convention if it determines that to do so could jeopardise the health, safety or liberty of a person in accordance with Article 40.***

* ***A determination of non-disclosure has been made by a Central Authority in accordance with Article 40. If this box is ticked, information under sections 2 d, e, f and g and 5 should only be provided in the Restricted Information on the Applicant page of this form.***

1. **Requesting Central Authority file reference number:**
2. **Particulars of the applicant**

The applicant is:

* + **The person for whom maintenance is sought or payable**
  + **The representative of the person for whom maintenance is sought or payable**
  + **The debtor**
  + **The representative of the debtor**

1. **Family name(s):**
2. **Given name(s):**
3. **Date of birth:**[**1**](#_bookmark0) **(dd/mm/yyyy) or**
4. **Name of the public body:**
5. **Family name(s) of the contact person:**
6. **Given name(s) of the contact person: and**
7. **Address:**
8. **Telephone numbers:**
9. **Fax number:**
10. **E-mail:**

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to submit an application for recognition or for recognition and enforcement under the 2007 Hague Child Support Convention. Public reporting burden for this collection of information is estimated to average 0.5 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information per 45 CFR 303.7. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information, please contact the ACF Reports Clearance Officer by email at [infocollection@acf.hhs.gov](mailto:infocollection@acf.hhs.gov).

1 It is not necessary to provide a date of birth in the case of a representative.

1. **Particulars of the person(s) for whom maintenance is sought or payable**
   1.  **Maintenance is sought or payable for the applicant named above Maintenance basis:**
      * parentage  *in loco parentis* or equivalent relationship
      * marriage  analogous relationship to marriage
      * affinity (please identify):
      * grandparent  sibling  grandchild
      * other:
   2.  **Maintenance is sought or payable for the following child(ren)**
2. **Family name(s): Given name(s):**

Date of birth (dd/mm/yyyy)

Maintenance basis:

* + parentage  *in loco parentis* or equivalent relationship

1. **Family name(s): Given name(s):**

Date of birth (dd/mm/yyyy)

Maintenance basis:

* + parentage  *in loco parentis* or equivalent relationship

1. **Family name(s): Given name(s):**

Date of birth (dd/mm/yyyy)

Maintenance basis:

* + parentage  *in loco parentis* or equivalent relationship

3.3 

Maintenance is sought or payable for the following person

Family name(s): Given name(s):

Date of birth (dd/mm/yyyy)

Maintenance basis:

* marriage  analogous relationship to marriage
* affinity (please identify):
* grandparent  sibling  grandchild
* other:

3.4 

Maintenance is sought or payable for additional children or persons, additional particulars are attached

* 1. **Particulars (if known) of the debtor**
     + **The person is the same as the applicant named above**

1. **Family name(s):**
2. **Given name(s):**
3. **Date of birth: (dd/mm/yyyy)**
4. **Residential address:**
5. **Postal address:** 
   1. **If the debtor is the applicant, particulars (if known and applicable) of the representative of the person(s) for whom maintenance is sought or payable**
6. **Family name(s):**
7. **Given name(s):**
8. **Address:**
9. **Telephone numbers:**
10. **Fax number:**
11. **E-mail:**

5.

Information that may assist with the location of the respondent

1. **Personal identification number: (include name of country or territorial unit that issued the number)**
2. **Any other information that may assist with the location of the respondent**

Payments

1. **Details for electronic transfer of payments (if applicable)**

Name of the bank: NBIC: [2](#_bookmark1)

SWIFT-address:

**IBAN:[3](#_bookmark2)**

Account number: Name of account holder: Reference:[4](#_bookmark3)

2 National Bank Identification Code.

3 International Bank Account Number.

4 Where needed to effect payment.

1. **Details for payments by cheques (if applicable)**

Cheque payable to: Cheque to be sent to: (address)

**Reference:[5](#_bookmark4)**

1.  **This is an application for recognition only; do not initiate enforcement measures**
2. **Bases for recognition and enforcement (Article 20) (please tick all relevant boxes)**

Date of decision: (dd/mm/yyyy) State of origin:

* + **The respondent was habitually resident in the State of origin at the time proceedings were instituted;**
  + **The respondent has submitted to the jurisdiction either expressly or by defending on the merits of the case without objecting to the jurisdiction at the first available opportunity;**
  + **The creditor was habitually resident in the State of origin at the time proceedings were instituted;**
  + **The child for whom the maintenance was ordered was habitually resident in the State of origin at the time proceedings were instituted, provided that the respondent has lived with the child in that State or has resided in that State and provided support for the child there;**
  + **There has been agreement to the jurisdiction by the parties in writing or evidenced by writing (except in disputes relating to maintenance obligations in respect of children);**
  + **The maintenance decision was made by an authority exercising jurisdiction on a matter of personal status or parental responsibility and that jurisdiction was not based solely on the nationality of one of the parties; or**
  + **In a case where the State addressed has made a reservation in accordance with Article 20(2), there are factual circumstances in which the law of that State in similar circumstances would confer or would have conferred jurisdiction on its authorities to make such a decision. Please specify:**

1. **Appearance of the respondent**
   * **The respondent appeared or was represented in the proceedings in the State of origin**
   * **The respondent did not appear and was not represented in the proceedings in the State of origin (see attached Statement of Proper Notice (Art. 25(1) *c)*)**
2.  **Financial Circumstances Form attached (Art. 11(2) *a)* and *b)*)**

5 Where needed to effect payment.

1.  **Where the application is for the recovery of maintenance other than maintenance obligations arising from a parent-child relationship towards a person under the age of 21 years, the applicant (creditor) has benefited from legal assistance in the State of origin (Articles 17 and 25(1) *f)*)**
   * **Where the application is for the recovery of maintenance including maintenance obligations arising from a parent-child relationship towards a person under the age of 21 years, the applicant (debtor) has benefited from legal assistance in the State of origin (Articles 17 and 25(1) *f)*)**

\* See Transmittal Form for the list of documents in support of the application.

1. **Other information:**
2. **Attestations**

* **This application was completed by the applicant and reviewed by the requesting Central Authority.**
* **This application complies with the requirement of the Convention (Article 12(2)). The information contained in this application and the attached documents correspond to and are in conformity with the information and documents provided by the applicant to the requesting Central Authority. The application is forwarded by the Central Authority on behalf of and with the consent of the applicant.**

Name: (in block letters) Date: Authorised representative of the Central Authority (dd/mm/yyyy)

**Restricted Information on the Applicant**

Application for Recognition or Recognition and Enforcement ( Article 10(1) *a)*  Article 10(2) *a)*  Article 30)

N.B. The requesting Central Authority has determined that information under sections 2 d, e, f and g and 5 on this page shall not be disclosed or confirmed for the protection of the health, safety or liberty of a person. Such a determination shall according to Article 40(2) be taken into account by the requested Central Authority.

1. **Requesting Central Authority file reference number:**
2. **Particulars of the applicant**
   1. **Family name(s):**
   2. **Given name(s):**
   3. **Date of birth: (dd/mm/yyyy)**
   4. **Address:**
   5. **Telephone numbers:**
   6. **Fax number:**
   7. **E-mail:**
3. **Payments**
   1. **Details for electronic transfer of payments (if applicable)**

Name of the bank: NBIC:

SWIFT-address:

IBAN:

Account number: Name of account holder: Reference:

* 1. **Details for payments by cheques (if applicable)**

Cheque payable to: Cheque to be sent to: (address)

Reference:

This application was completed by the applicant and reviewed by the requesting Central Authority.



This application complies with the requirement of the Convention (Article 12(2)). The information contained in this application and the attached documents correspond to and are in conformity with the information and documents provided by the applicant to the requesting Central Authority. The application is forwarded by the Central Authority on behalf of and with the consent of the applicant.



Name: (in block letters) Date: Authorised representative of the Central Authority (dd/mm/yyyy)