OMB Control No: 0970-0488

Expiration date: XX/XX/XXXX

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

**Statement of Enforceability of a Decision**

(Article 25(1) *b)*)

1. **Name of the State of origin of the decision:**

(identify territorial unit if applicable)

1. **Competent authority issuing the Statement**
   1. **Name:**
   2. **Address:**

|  |  |  |
| --- | --- | --- |
| **2.3** | **Telephone number:** |  |
| **2.4** | **Fax number:** |  |
| **2.5** | **E-mail:** |  |

1. **The decision**[**1**](#_bookmark0)
   1. **Type of authority:**  **judicial authority or**  **administrative authority**[**2**](#_bookmark1)
   2. **Name and place of authority:**
   3. **(address if applicable)**

|  |  |  |
| --- | --- | --- |
| **3.4** | **Date of the decision:** | **(dd/mm/yyyy)** |
| **3.5** | **Date of effect of the decision:** | **(dd/mm/yyyy)** |
| **3.6** | **Reference number of the decision:** |  |
| **3.7** | **Names of the parties to the decision:** |  |

1. **The decision is enforceable in the State of origin.**



Name: (in block letters) Date:

Name of the official from the competent authority of the State of origin (dd/mm/yyyy)

This Statement of Enforceability of a Decision was completed by the official from the competent authority of the State of origin whose name appears above and is transmitted by the requesting Central Authority.



Name: (in block letters) Date:

Authorised representative of the Central Authority (dd/mm/yyyy)

Requesting Central Authority reference number:

(For Central Authority use only)

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1 For the definition of decision see Article 19(1).

2 The Administrative Authority referred to in this Statement meets the requirements of Article 19(3).