OMB Control No: 0970-0488

Expiration date: XX/XX/XXXX

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

**Status of Application Report – Article 12**[**1**](#_bookmark0)

(Application for Establishment of a Decision ( Article 10(1) *c*)  Article 10(1) *d)*))

**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.***

|  |  |
| --- | --- |
| 1. **Requested Central Authority**    1. **Address**    2. **Telephone number**    3. **Fax number**    4. **E-mail**    5. **Reference number** | 1. **Contact person in Requested State**    1. **Address (if different)**    2. **Telephone number (if different)**    3. **Fax number (if different)**    4. **E-mail (if different)**    5. **Language(s)** |
| * **First Report /**  **Subsequent Report – Date of last Report: (dd/mm/yyyy)** | |

1. **File identification**
   1. **Requesting Central Authority file reference number:**
   2. **Family name(s) of applicant:**
   3. **Family name(s) of the person(s) for whom**

maintenance is sought or payable:

* 1. **Family name(s) of debtor:**

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to provide information on the status of an application under the 2007 Hague Child Support Convention. Public reporting burden for this collection of information is estimated to average 0.33 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. **Status of the application**
   1. **Status of the application for Establishment of a decision for maintenance in the requested State**
      1.  **On (dd/mm/yyyy) the application was sent to the**

competent authority responsible for establishment (name)

(address) (reference number)

* + 1.  **On or by (dd/mm/yyyy) the competent authority is due to issue a decision for maintenance**
    2.  **On (dd/mm/yyyy) the competent authority issued a decision for maintenance (** **decision attached for information purposes only;**  **service or notice of the decision has been effected on the applicant (** **certificate of service attached if applicable);**  **service or notice of the decision will be effected on the applicant)**
    3.  **On (dd/mm/yyyy) the competent authority has**

decided against establishing a decision for maintenance ( decision attached for information purposes only;  service or notice of the decision has been effected on the applicant ( certificate of service\* attached if applicable);  service or notice of the decision will be effected on the applicant)

* + 1.  **On (dd/mm/yyyy) the debtor has lodged a challenge or an appeal against the maintenance decision**
    2.  **On (dd/mm/yyyy) the maintenance decision is final**
    3.  **On (dd/mm/yyyy) the maintenance decision is enforceable**
    4.  **Application is still pending before the Central Authority**
  1. **Status of establishment of parentage**
     1.  **Establishment of parentage not necessary**
     2.  **On (dd/mm/yyyy) the debtor contested parentage**
     3.  **On (dd/mm/yyyy) the request for establishment of**

parentage was sent to the competent authority responsible (name)

(address) (reference number)

* + 1.  **Genetic testing for the purpose of establishing parentage has been scheduled on (dd/mm/yyyy)**
    2.  **Genetic testing for the purpose of establishing parentage was scheduled**

on appear

(dd/mm/yyyy) but the debtor failed to

* + 1.  **Genetic testing for the purpose of establishing parentage has been**

performed on attached

(dd/mm/yyyy). Results are

* + 1.  **Please provide assistance with genetic testing. See attached information**
    2.  **On or by (dd/mm/yyyy) the competent authority is due to determine parentage**
    3.  **On (dd/mm/yyyy) the competent authority**

determined parentage:  positive /  negative ( decision attached for information purposes only;  service or notice of the decision has been effected on the applicant ( certificate of service attached if applicable);

* + - * **service or notice of the decision will be effected on the applicant)**
    1.  **On (dd/mm/yyyy) the competent authority decided to reject the request to establish parentage (** **decision attached for information purposes only;**  **service or notice of the decision has been effected on the applicant (** **certificate of service\* attached if applicable);**
       - **service or notice of the decision will be effected on the applicant)**
    2.  **On (dd/mm/yyyy) the debtor lodged a challenge or an appeal against the decision establishing parentage**
    3.  **Application is still pending before the Central Authority**

1.  **The following steps have been taken (past):**
   1.  **Debtor located**
   2.  **Debtor contacted for settlement**
   3.  **Voluntary payment secured (no enforcement measures were necessary) (** **documentation attached to this Report if applicable)**
   4.  **Information concerning the financial circumstances of the debtor gathered**
   5.  **Assets of the debtor located**
   6.  **Enforcement and other measures initiated**
      * **Provisional measures**
      * **Wage withholding**
      * **Garnishment from bank account or other sources**
      * **Deductions from social security payments**
      * **Lien on or forced sale of property**
      * **Tax refund withholding**
      * **Withholding or attachment of pension benefits**
      * **Credit bureau reporting**
      * **Denial, suspension or revocation of licenses or passport**
      * **Mediation, conciliation or similar processes**
      * **Seizure of lottery or gambling winnings**
      * **Prohibition from leaving the requested State**
      * **Incarceration**
      * **Other:**
   7.  **Payments were secured (enforcement measures were necessary)**
   8.  **Record of payments made by the debtor as of (dd/mm/yyyy) attached**
   9.  **Other:**
2.  **The following steps are being taken (present):**
   1.  **Locating the debtor**
   2.  **Contacting the debtor for settlement**
   3.  **Securing voluntary payment (no enforcement measures are necessary)**
   4.  **Gathering of information concerning the financial circumstances of the debtor**
   5.  **Locating the assets of the debtor**
   6.  **Initiating enforcement measures**
   7.  **Securing payments (enforcement measures are necessary)**
   8.  **Other:**
3.  **The following steps will be taken (future):**
   1.  **Debtor to be located**
   2.  **Debtor to be contacted for settlement**
   3.  **Voluntary payment to be sought (no enforcement measures will be necessary)**
   4.  **Information to be gathered concerning the financial circumstances of the debtor**
   5.  **Assets of the debtor to be located**
   6.  **Enforcement measures to be initiated**
   7.  **Payments to be sought (enforcement measures will be necessary)**
   8.  **Other:**
4.  **Please provide the following additional information and / or documentation:**
5.  **The requested Central Authority has refused to process the application for the following reason(s):**
   1.  **Requesting Central Authority did not produce the additional documents or information within the period provided under Article 12(9)**
   2.  **Requirements of the Convention manifestly not fulfilled (** **reasons attached)**
6.  **The competent authority has refused to establish a maintenance decision for the following reason(s):**
   1.  **Other requirements of the Convention not fulfilled**
   2.  **Debtor not located in the requested State**
   3.  **Other:**

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