

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

## Application for Enforcement of a Decision Made or Recognised in the Requested State (Article 10(1) b))

### 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

a. Family name(s): \_\_\_\_\_

b. Given name(s): \_\_\_\_\_

c. Date of birth:<sup>1</sup> \_\_\_\_\_ (dd/mm/yyyy)

or

a. Name of the public body: \_\_\_\_\_

b. Family name(s) of the contact person: \_\_\_\_\_

c. Given name(s) of the contact person: \_\_\_\_\_

and

d. Address: \_\_\_\_\_

e. Telephone numbers: \_\_\_\_\_

f. Fax number: \_\_\_\_\_

g. E-mail: \_\_\_\_\_

3. Particulars of the person(s) for whom maintenance is sought or payable

3.1  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: \_\_\_\_\_

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 enforcement of a decision made or recognized in the requested State 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).

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

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- 3.2  **Maintenance is sought or payable for the following child(ren)**
- a. **Family name(s):** \_\_\_\_\_  
**Given name(s):** \_\_\_\_\_  
**Date of birth:** \_\_\_\_\_ (dd/mm/yyyy)  
**Maintenance basis:**  
 parentage  *in loco parentis* or equivalent relationship
- b. **Family name(s):** \_\_\_\_\_  
**Given name(s):** \_\_\_\_\_  
**Date of birth:** \_\_\_\_\_ (dd/mm/yyyy)  
**Maintenance basis:**  
 parentage  *in loco parentis* or equivalent relationship
- c. **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**

4. **Particulars (if known) of the debtor (respondent)**
- a. **Family name(s):** \_\_\_\_\_
- b. **Given name(s):** \_\_\_\_\_
- c. **Date of birth:** \_\_\_\_\_ (dd/mm/yyyy)
- d. **Personal identification number:** \_\_\_\_\_  
(include name of country or territorial unit that issued the number)
- e. **Residential address:** \_\_\_\_\_  
\_\_\_\_\_
- f. **Postal address:** \_\_\_\_\_  
\_\_\_\_\_
- g. **Any other information that may assist with the location of the debtor**  
\_\_\_\_\_  
\_\_\_\_\_

**5. Payments**

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

Name of the bank: \_\_\_\_\_

NBIC:<sup>2</sup> \_\_\_\_\_

SWIFT-address: \_\_\_\_\_

IBAN:<sup>3</sup> \_\_\_\_\_

Account number: \_\_\_\_\_

Name of account holder: \_\_\_\_\_

Reference:<sup>4</sup> \_\_\_\_\_

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

Cheque payable to: \_\_\_\_\_

Cheque to be sent to: \_\_\_\_\_

(address) \_\_\_\_\_

Reference:<sup>3</sup> \_\_\_\_\_

**6. The decision made in the requested State**

**6.1 Type of authority:**  **judicial authority** or  **administrative authority**

**6.2 Name and place of authority:** \_\_\_\_\_

**6.3 (address if applicable)** \_\_\_\_\_

**6.4 Date of the decision:** \_\_\_\_\_ (dd/mm/yyyy)

**6.5 Date of effect of the decision:** \_\_\_\_\_ (dd/mm/yyyy)

**6.6 Reference number of the decision:** \_\_\_\_\_

**6.7 Names of the parties:** \_\_\_\_\_

**7. The following are attached to this application:**

- Decision made in the requested State**
- Decision (or registration) made in the requested State to recognise a decision of another State**
- Decision of the State of origin (other State)**
- Statement of arrears**
- Financial Circumstances Form**

<sup>2</sup> National Bank Identification Code.

<sup>3</sup> International Bank Account Number.

<sup>4</sup> Where needed to effect payment.

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8.  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))

9. Other information: \_\_\_\_\_  
\_\_\_\_\_

10. 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)  
Authorised representative of the Central Authority

Date: \_\_\_\_\_  
(dd/mm/yyyy)

## Restricted Information on the Applicant

### Application for Enforcement of a Decision Made or Recognised in the Requested State (Article 10(1) b))

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

- a. Family name(s): \_\_\_\_\_
- b. Given name(s): \_\_\_\_\_
- c. Date of birth: \_\_\_\_\_ (dd/mm/yyyy)
- d. Address: \_\_\_\_\_
- e. Telephone numbers: \_\_\_\_\_
- f. Fax number: \_\_\_\_\_
- g. E-mail: \_\_\_\_\_

5. Payments

a. Details for electronic transfer of payments (if applicable)

Name of the bank: \_\_\_\_\_  
NBIC: \_\_\_\_\_  
SWIFT-address: \_\_\_\_\_  
IBAN: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Name of account holder: \_\_\_\_\_  
Reference: \_\_\_\_\_

b. Details for payments by cheques (if applicable)

Cheque payable to: \_\_\_\_\_  
Cheque to be sent to: \_\_\_\_\_  
(address) \_\_\_\_\_  
Reference: \_\_\_\_\_

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