OMB Control No: 0970-0488 Expiration date: NN/NN/NNNN

#### **Request for Specific Measures**

(**Article 7(1)**)

#### 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 section 7 d, e, f and g should only be provided in the Restricted Information on the Potential Applicant page of this form.

1. Red	questi	ing Central Authority	2. Contact person in requesting State			
a. Ad	dress		a. Address (if different)			
b. Tel	lepho	ne number	b. Telephone number (if different)			
c. Fax	k num	ber	c. Fax number (if different)			
d. E-1	nail		d. E-mail (if different)			
e. Ref	ferenc	e number	e. Language(s)			
3.		uested Central Authority: ress:				
4.	Grou	unds for the request:				
		To assist the potential applicant in making an application under Article 10.  Please explain:				
		To assist the potential applicant in Article 10 should be initiated.  Please explain:	determining whether an application under			
5.	The potential applicant is:					
		☐ The person for whom maintenance would be sought or is payable				
			whom maintenance would be sought or is			
	п	payable The debtor				

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 0.17 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 <a href="mailto:infoculation@acf.hhs.gov">infoculation@acf.hhs.gov</a>.

6.	The following specific measure(s) is (are) requested:		
6.1.	Help	to locate the debtor or the creditor (Art. 6(2) b)): The debtor, or The person to whom maintenance is payable, or The person for whom maintenance is payable, or Both the person to whom maintenance is payable and the person for whom maintenance is payable	
6.2.	Help □	to obtain relevant financial information (Art. 6(2) c)) Income of: ☐ the debtor, or ☐ the person to whom maintenance is payable, or ☐ the person for whom maintenance is payable, or ☐ both the person to whom maintenance is payable and the person for whom maintenance is payable	
		Assets of:  ☐ the debtor or ☐ the person to whom maintenance is payable, or ☐ the person for whom maintenance is payable, or ☐ both the person to whom maintenance is payable and the person for whom	
		maintenance is payable Location of the assets of:  ☐ the debtor or  ☐ the person to whom maintenance is payable, or  ☐ the person for whom maintenance is payable, or  ☐ both the person to whom maintenance is payable and the person for whom maintenance is payable	
		Other financial circumstances of:  the debtor, or the person to whom maintenance is payable, or the person for whom maintenance is payable, or both the person to whom maintenance is payable and the person for whom maintenance is payable.  Please specify:	
6.3.	Facil	litate the obtaining of documentary or other evidence (Art. 6(2) g))  Birth certificate or equivalent  Acknowledgement of parentage by the debtor  Formal statement providing evidence relating to parentage  Decision of competent authority concerning parentage  Genetic test results  Adoption certificate  Certificate of marriage or similar relationship and date of divorce / separation  Formal statement providing evidence relating to common residence of the parties  Agreement between the parties relating to maintenance  Evidence of attendance at secondary or post-secondary educational institution  Evidence of disability  Financial Circumstances Form  Statement of arrears or payment history  Other evidence. Please specify:  Decision of the requested State concerning a maintenance obligation. Please specify:  Include supporting documents:	
		<ul> <li>☐ Abstract of the Decision</li> <li>☐ Statement of Enforceability of the Decision</li> <li>☐ Statement of Proper Notice of Proceedings / Decision</li> </ul>	

6.4.		ide assistance in establishing parentage where necessary for the recovery of tenance (Art. 6(2) h))  Co-ordinate genetic testing Seek a voluntary acknowledgment of parentage Seek a legal determination of parentage Refer request to the appropriate competent authority Provide advice on the appropriate procedure(s) Other, please specify:			
6.5.	Initia meas	te or facilitate the institution of proceedings to obtain any necessary provisional ures that are territorial in nature and the purpose of which is to secure the outcome pending maintenance application (Art. $6(2) i$ ))			
	Pleas	e specify:			
6.6.	Facili	itate service of documents (Art. $6(2)j$ ))			
	Pleas	Please specify and attach document(s):			
7.		Particulars of the potential applicant The potential applicant is:			
		The person for whom maintenance would be sought or is payable The representative of the person for whom maintenance would be sought or is payable The debtor The representative of the debtor			
	a.	Family name(s):			
	b.	Given name(s):			
	c.	Date of birth: (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:			

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

8.	Parti	iculars of the person(s) for whom maintenance would be sought or is payable		
8.1.	☐ Maintenance would be sought or is payable for the potential above			oplicant named
		Maintenance basis:  ☐ parentage ☐ marriage ☐ affinity (please identity of the parent) ☐ grandparent ☐ other:	☐ in loco parentis or equivalent relationship ☐ analogous relationship to marriage ify): ☐ sibling ☐ grandchild	
8.2.		Maintenance would be	sought or is 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	☐ <i>in loco parentis</i> or equivalent relationship	
	c.	Family name(s):		-
		Given name(s):		-
		Date of birth		(dd/mm/yyyy)
		Maintenance basis:		
		☐ parentage	$\square$ in loco parentis or equivalent relationship	
8.3.			sought or is payable for the following person	on
		Family name(s):		-
		Given name(s):		- (11/ / )
		Date of birth		_ (dd/mm/yyyy)
		Maintenance basis:  ☐ marriage ☐ affinity (please identi ☐ grandparent ☐ other:	☐ analogous relationship to marriage ify): ☐ sibling ☐ grandchild	
8.4.			e sought or is payable for additional child	ren or persons,

9.1. Particulars (if known) of the debtor  The person is the same as the potential applicant named above  a. Family name(s): b. Given name(s): c. Date of birth: d. Residential address: e. Postal address:  e. Postal address:  9.2. If the debtor is the potential applicant, particulars (if known and applicable) representative of the person(s) for whom maintenance is payable  a. Family name(s): b. Given name(s): c. Address:  d. Telephone numbers: e. Fax number: f. E-mail:  9.3. Information that may assist with the location of the potential respondent  a. Personal identification number:	9.	Info	Information in relation to the debtor and, where applicable, the creditor				
a. Family name(s): b. Given name(s): c. Date of birth: d. Residential address: e. Postal address:  e. Postal address:  9.2. If the debtor is the potential applicant, particulars (if known and applicable) representative of the person(s) for whom maintenance is payable a. Family name(s): b. Given name(s): c. Address:  d. Telephone numbers:  e. Fax number: f. E-mail:  9.3. Information that may assist with the location of the potential respondent a. Personal identification number:	9.1.	Particulars (if known) of the debtor					
b. Given name(s):  c. Date of birth:  d. Residential address:  e. Postal address:  e. Postal address:  9.2. If the debtor is the potential applicant, particulars (if known and applicable) representative of the person(s) for whom maintenance is payable  a. Family name(s):  b. Given name(s):  c. Address:  d. Telephone numbers:  e. Fax number:  f. E-mail:  9.3. Information that may assist with the location of the potential respondent  a. Personal identification number:			The person is the same as the potential applicant named about	ove			
c. Date of birth: d. Residential address:  e. Postal address:  9.2. If the debtor is the potential applicant, particulars (if known and applicable) representative of the person(s) for whom maintenance is payable  a. Family name(s): b. Given name(s): c. Address:  d. Telephone numbers: e. Fax number: f. E-mail:  9.3. Information that may assist with the location of the potential respondent a. Personal identification number:     (include name of country or territorial unit that issued the number) b. Any other information that may assist with the location of the respondent		a.	Family name(s):				
d. Residential address:  e. Postal address:  9.2. If the debtor is the potential applicant, particulars (if known and applicable) representative of the person(s) for whom maintenance is payable  a. Family name(s):  b. Given name(s):  c. Address:  d. Telephone numbers:  e. Fax number:  f. E-mail:  9.3. Information that may assist with the location of the potential respondent  a. Personal identification number:         (include name of country or territorial unit that issued the number)  b. Any other information that may assist with the location of the respondent		b.	Given name(s):				
e. Postal address:  9.2. If the debtor is the potential applicant, particulars (if known and applicable) representative of the person(s) for whom maintenance is payable  a. Family name(s): b. Given name(s): c. Address:  d. Telephone numbers:  e. Fax number: f. E-mail:  9.3. Information that may assist with the location of the potential respondent a. Personal identification number:		c.	Date of birth:	(dd/mm/yyyy)			
9.2. If the debtor is the potential applicant, particulars (if known and applicable) representative of the person(s) for whom maintenance is payable  a. Family name(s):  b. Given name(s):  c. Address:  d. Telephone numbers:  e. Fax number:  f. E-mail:  9.3. Information that may assist with the location of the potential respondent  a. Personal identification number:		d.	Residential address:				
representative of the person(s) for whom maintenance is payable  a. Family name(s):  b. Given name(s):  c. Address:  d. Telephone numbers:  e. Fax number:  f. E-mail:  9.3. Information that may assist with the location of the potential respondent  a. Personal identification number:		e.	Postal address:				
b. Given name(s): c. Address:  d. Telephone numbers: e. Fax number: f. E-mail:  9.3. Information that may assist with the location of the potential respondent a. Personal identification number:     (include name of country or territorial unit that issued the number) b. Any other information that may assist with the location of the respondent	9.2.		If the debtor is the potential applicant, particulars (if known and applicable) of the representative of the person(s) for whom maintenance is payable				
c. Address:  d. Telephone numbers:  e. Fax number: f. E-mail:  9.3. Information that may assist with the location of the potential respondent a. Personal identification number:     (include name of country or territorial unit that issued the number) b. Any other information that may assist with the location of the respondent		a.	Family name(s):				
d. Telephone numbers:  e. Fax number:  f. E-mail:  9.3. Information that may assist with the location of the potential respondent  a. Personal identification number:		b.	Given name(s):				
e. Fax number:  f. E-mail:  9.3. Information that may assist with the location of the potential respondent  a. Personal identification number:		c.	Address:				
f. E-mail:  9.3. Information that may assist with the location of the potential respondent a. Personal identification number:		d.	Telephone numbers:				
9.3. Information that may assist with the location of the potential respondent  a. Personal identification number:		e.	Fax number:				
a. Personal identification number: (include name of country or territorial unit that issued the number)  b. Any other information that may assist with the location of the respondent		f.	E-mail:	· · · · · · · · · · · · · · · · · · ·			
(include name of country or territorial unit that issued the number)  b. Any other information that may assist with the location of the respondent	9.3.	Info	Information that may assist with the location of the potential respondent				
<u> </u>		a.					
10. Attach and specify other relevant documents:		b.	Any other information that may assist with the location of the respondent				
	10.	Atta	ach and specify other relevant documents:				

11.	Attestations			
	This request for specific measures was completed by the requ	esting Central Authority.		
	This request for specific measures complies with the requirement of the Conver (Article 7(1)). The information contained in this request for specific measures corresp to and is in conformity with the information and documents provided by the pote applicant to the requesting Central Authority. The request for specific measur forwarded by the Central Authority on behalf of and with the consent of the pote applicant.			
Name:	(in block letters) Date:			
Author	rised representative of the Central Authority	(dd/mm/yyyy)		

#### **Restricted Information on the Potential Applicant**

Request for Specific Measures (Article 7(1))

N.B. The requesting Central Authority has determined that information under sections 7 d, e, f and g 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.	Requ	esting Central Authority	file reference number:	
7.	Particulars of the potential 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:		
	This	request for specific meas	sures was completed by the requ	esting Central Authority.
	This request for specific measures complies with the requirement of the Convention (Article 7(1)). The information contained in this request for specific measures corresponds to and is in conformity with the information and documents provided by the potential applicant to the requesting Central Authority. The request for specific measures is forwarded by the Central Authority on behalf of and with the consent of the potential applicant.			
Name:			(in block letters) Date:	
Author		conresentative of the Cont		(dd/mm/yyyy)