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| **Ministry of Justice**  Department of Family and Juvenile Matters  al. Ujazdowskie 11  00-950 Warsaw | | | | **APPLICATION**  **Pursuant to the Convention on the Civil Aspects of International Child abduction concluded in the Hague on 25 October 1980** | | | |
| *Please complete, print, sign and send the application with attachments to the Ministry of Justice, Department of Family and Juvenile Affairs to the address indicated on the left. More information on parental abductions is available at:* <https://www.gov.pl/web/stopuprowadzeniomdzieci> | | | |
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| **Application for:** | [ ] **RETURN** | | | | [ ] **ACCESS** | | |
| **Requested State** |  | | | | | | |
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| 1. **FIRST CHILD** | | | | | | | |
| Surname, name | | | Date of birth | | | Place of birth | |
| Address (before removal) | | | | | | Passport/ Identity card number | |
| Address of child’s current location (if known) | | | | Nationality/ties | | | |
| Height | | Weight | | Colour of Hair | | | Colour of Eyes |
| Surname and name of the child’s father | | | | Surname and name of the child’s mother (including Maiden name) | | | |
| 1. **SECOND CHILD** | | | | | | | |
| Surname, name | | | Date of birth | | | Place of birth | |
| Address (before removal) | | | | | | Passport/ Identity card number | |
| Address of child’s current location (if known) | | | | Nationality/ties | | | |
| Height | | Weight | | Colour of Hair | | | Colour of Eyes |
| Surname and name of the child’s father | | | | Surname and name of the child’s mother (including Maiden name) | | | |
| 1. **THIRD CHILD** (in case more than three children please print out and complete another copy of this page) | | | | | | | |
| Surname, name | | | Date of birth | | | Place of birth | |
| Address (before removal) | | | | | | Passport/ Identity card number | |
| Address of child’s current location (if known) | | | | Nationality/ties | | | |
| Height | | Weight | | Colour of Hair | | | Colour of Eyes |
| Surname and name of the child’s father | | | | Surname and name of the child’s mother (including Maiden name) | | | |
| 1. **APPLICANT** ( person seeking return of/access to a child/children; in case the request for return is made by an institution please provide contact details to a person entitled to its representation) | | | | | | | |
| Surname and name | | | Date of birth | | | Place of birth | |
| Relationship to child | | | Nationality | | | Passport/ Identity card number | |
| Address, phone number, e-mail | | | | Occupation | | | |
| Contact details of a legal representative empowered to submit the application and/or to represent the applicant in the proceedings before courts in requested State | | | | | | | |
| 1. **PERSON ALLEGED TO HAVE WRONGFULLY REMOVED OR RETAINED THE CHILD/ PREVENTED CONTACT WITH THE CHILD** | | | | | | | |
| Surname and name | | | Date of birth | | | Place of birth | |
| Relationship to child | | | Nationality | | | Passport/ Identity card number | |
| Address, phone number, e-mail | | | | Occupation and name of the employer in the requested State (if known) | | | |
| Height | | Weight | | Colour of Hair | | | Colour of Eyes |
| 1. **TIME, DATE, PLACE AND CIRCUMSTANCES OF THE WRONGFUL REMOVAL OR DETENTION** (in case of request for access please describe your attempts to get access to a child) | | | | | | | |
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| 1. **FACTUAL AND LEGAL JUSTIFICATION FOR THE REQUEST** | | | | | | | |
| Basis for applicant’s custody rights (please check applicable boxes and attach supporting documents):  [ ] applicable law provisions of child’s habitual residence  [ ] court order in effect at time of the alleged removal or retention  [ ] child’s birth certificate  [ ] other | | | | | | | |
| Habitual residence (please provide details relating to the child’s place of habitual residence and attach documents supporting your declarations i.e. kindergarten or school registration records) | | | | | | | |
| Are there any pending civil proceedings having impact on custody or parental authority? If yes, please provide nature of the proceedings and competent court. | | | | | | | |
| 1. **PROPOSED ARRANGEMENTS FOR RETURN TRAVEL OF CHILD TO A PLACE OF HIS /HERS HABITUAL RESIDENCE** | | | | | | | |
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| 1. **OTHER PERSONS IN THE REQUESTED STATE WITH ADDITIONAL INFORMATION RELATING TO THE POSSIBLE WHEREABOUTS OF THE CHILD** | | | | | | | |
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| 1. **LIST OF DOCUMENTS ATTACHED** (all attachments must be submitted in original or as authenticated copy; photos of the child and the abducting parent must allow identification of that person by appropriate services of the requested State) | | | | | | | |
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| 1. **APPLICANT’S AUTHORISATION ACCORDING TO ARTICLE 28 OF THE CONVENTIONI** | | | | | | | |
| I hereby authorise the requested Central Authority to act on my behalf in connection with the forwarding of my application to appropriate bodies of the requested State. | | | | | | | |
| **Date** | | | | **Signature** | | | |