



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>*

Application for:	<input type="checkbox"/> RETURN	<input type="checkbox"/> ACCESS
Requested State		

I. 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)	
II. 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)	
III. 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)	

IV. 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					
V. 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	
VI. 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)					
VII. FACTUAL AND LEGAL JUSTIFICATION FOR THE REQUEST					
Basis for applicant's custody rights (please check applicable boxes and attach supporting documents):					
<input type="checkbox"/> applicable law provisions of child's habitual residence <input type="checkbox"/> court order in effect at time of the alleged removal or retention <input type="checkbox"/> child's birth certificate <input type="checkbox"/> 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.					

VIII. PROPOSED ARRANGEMENTS FOR RETURN TRAVEL OF CHILD TO A PLACE OF HIS /HERS HABITUAL RESIDENCE	
IX. OTHER PERSONS IN THE REQUESTED STATE WITH ADDITIONAL INFORMATION RELATING TO THE POSSIBLE WHEREABOUTS OF THE CHILD	
X. 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)	
XI. APPLICANT'S AUTHORISATION ACCORDING TO ARTICLE 28 OF THE CONVENTION	
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