





U. S. Department of State  
**APPLICATION FOR ASSISTANCE UNDER THE  
 HAGUE CONVENTION ON INTERNATIONAL CHILD ABDUCTION**

OMB NO. 1405-0076  
 EXPIRES 10-31-2003  
 Estimated Burden - 2 Hours\*

*FILL OUT ALL SECTIONS ON BOTH SIDES  
 A SEPARATE FORM IS REQUIRED FOR EACH CHILD*

Application for:  RETURN  ACCESS

I. IDENTITY OF CHILD AND PARENTS					
CHILD'S NAME <i>(Last, First, MI)</i>			DATE OF BIRTH <i>(mm-dd-yyyy)</i>	PLACE OF BIRTH	
ADDRESS <i>(At time of removal)</i>			U.S. SOCIAL SECURITY NO.	PASSPORT/IDENTITY CARD NO.	NATIONALITIES
HEIGHT	WEIGHT	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	COLOR OF HAIR		COLOR OF EYES
FATHER			MOTHER		
NAME <i>(Last, First, MI)</i>			NAME <i>(Last, First, MI)</i>		
DATE OF BIRTH <i>(mm-dd-yyyy)</i>		PLACE OF BIRTH	DATE OF BIRTH <i>(mm-dd-yyyy)</i>		PLACE OF BIRTH
NATIONALITIES	OCCUPATION	PASSPORT/IDENTITY CARD COUNTRY: NO.	NATIONALITIES	OCCUPATION	PASSPORT/IDENTITY CARD COUNTRY: NO.
CURRENT ADDRESS AND TELEPHONE NUMBER			CURRENT ADDRESS AND TELEPHONE NUMBER		
U.S. SOCIAL SECURITY NO.			U.S. SOCIAL SECURITY NO.		
COUNTRY OF HABITUAL RESIDENCE			COUNTRY OF HABITUAL RESIDENCE		
DATE AND PLACE OF MARRIAGE, IF APPLICABLE			DATE AND PLACE OF DIVORCE, IF APPLICABLE		
II. PERSON SEEKING RETURN OF/ACCESS TO CHILD					
NAME <i>(Last, First, MI)</i>			NATIONALITIES	RELATIONSHIP TO CHILD	
CURRENT ADDRESS AND TELEPHONE NUMBER				OCCUPATION	
NAME, ADDRESS, AND TELEPHONE NO. OF LEGAL ADVISER, IF ANY					
III. INFORMATION CONCERNING THE PERSON ALLEGED TO HAVE WRONGFULLY REMOVED OR RETAINED CHILD					
NAME <i>(Last, First, MI)</i>			RELATIONSHIP TO CHILD	KNOWN ALIASES	
DATE OF BIRTH <i>(mm-dd-yyyy)</i>		PLACE OF BIRTH	NATIONALITIES		
OCCUPATION, NAME AND ADDRESS OF EMPLOYER			PASSPORT/IDENTITY CARD COUNTRY: NO.	U.S. SOCIAL SECURITY NO.	
CURRENT LOCATION					
HEIGHT	WEIGHT	COLOR OF HAIR		COLOR OF EYES	

**ADDITIONAL SHEETS MAY BE ATTACHED**

OTHER PERSONS WITH POSSIBLE ADDITIONAL INFORMATION RELATING TO THE WHEREABOUTS OF CHILD  
 (Name, address, telephone number)

**IV. TIME, PLACE, DATE, AND CIRCUMSTANCES OF THE WRONGFUL REMOVAL OR RETENTION**

**V. FACTUAL OR LEGAL GROUNDS JUSTIFYING THE REQUEST**

**VI. CIVIL PROCEEDINGS IN PROGRESS, IF ANY**

**VII. CHILD IS TO BE RETURNED TO**

NAME (Last, First, MI)	DATE OF BIRTH (mm-dd-yyyy)	PLACE OF BIRTH
ADDRESS		TELEPHONE NUMBER

PROPOSED ARRANGEMENTS FOR RETURN TRAVEL OF CHILD

**VIII. OTHER REMARKS**

SIGNATURE OF APPLICANT (sign in blue ink)	DATE (mm-dd-yyyy)	PLACE
---	-------------------	-------

**PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENTS**

This information solicited on this form is requested under the authority of the International Child Abduction Remedies Act, Public Law 100-300. The primary purpose for soliciting the information is to evaluate applicants' claims under the Hague Convention on the Civil Aspects of International Child Abduction, advise applicants about available legal remedies, and locate abducted children. The principal users of this information are offices within the U.S. Department of State's Bureau of Consular Affairs. The information will be used to assist in facilitating operations under the Convention and may be provided to governments of member countries, bar associations and legal aid services, local police, social service agencies, and parents. This information may also be released on a need-to-know basis to other government agencies, including foreign agencies, having statutory or other lawful authority to gain access to such information. Furnishing your social security number, as well as the other information requested on this form, is voluntary. However, failure to submit this form or to provide all the requested information may result in delay in the processing of your application.

\*Public reporting burden for this collection of information is estimated to average 2 hours per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. You do not have to provide this information requested if the OMB approval has expired. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: U.S. Department of State (A/RPS/DIR), Washington, DC 20520-1849.