**RETURN APPLICATION**

Convention of 25 October 1980 on the Civil Aspects of International Child Abduction

Concerning the following child (name, surname): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

who will attain the age of 16 on (dd/mm/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the child have siblings subject to a return application? Yes  No

If so, please indicate their names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Requesting Central Authority:**  MINISTRY OF JUSTICE  OF THE REPUBLIC OF BELARUS | **Requested Central Authority:** |

**I. IDENTITY OF THE CHILD AND HIS/HER PARENTS**

**1. CHILD**

|  |  |
| --- | --- |
| Name, surname |  |
| Sex (male/female) | Male  Female |
| Date of birth (dd/mm/yyyy) |  |
| Place of birth |  |
| Nationality |  |
| Type and number of identification document |  |
| Address of habitual residence immediately before removal or retention |  |
| Physical description (weight, height, colour of hair and eyes, body marks) | Are photos attached? Yes  No |

**2. THE PARENTS**

**2.1. PARENT**

|  |  |
| --- | --- |
| Name, surname |  |
| Relation to the child | Father  Mother |
| Date of birth (dd/mm/yyyy) |  |
| Place of birth |  |
| Nationality |  |
| Type and number of identification document |  |
| Occupation, name and address of employer |  |
| Current address |  |
| Telephone number |  |
| E-mail address |  |

**2.2. PARENT**

|  |  |
| --- | --- |
| Name, surname |  |
| Relation to the child | Father  Mother |
| Date of birth (dd/mm/yyyy) |  |
| Place of birth |  |
| Nationality |  |
| Type and number of identification document |  |
| Occupation, name and address of employer |  |
| Current address |  |
| Telephone number |  |
| E-mail address |  |

**2.3. MARRIAGE**

|  |  |
| --- | --- |
| Date and place of marriage |  |
| Date and place of divorce |  |
| Are there ongoing divorce proceedings or other proceedings relating to the child? | Yes  No  If the answer is yes, please provide further details in Section VI |

**II. APPLICANT**

|  |  |
| --- | --- |
| Father  Mother  Other person or institution  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Name, surname of the applicant /  name of the institution |  |
| Name and contact details of legal adviser |  |
| **If the applicant is a parent mentioned in Section I, please go directly to Section III** | |
| Date (dd/mm/yyyy) and place of birth |  |
| Nationality |  |
| Type and number of identification document |  |
| Address (if an institution, please also provide the name of a contact person) |  |
| Telephone number |  |
| E-mail address |  |

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

|  |
| --- |
|  |

**IV. PERSON THOUGHT TO BE WITH THE CHILD. PLACE WHERE THE CHILD IS THOUGHT TO BE**

**1. INFORMATION CONCERNING THE PERSON THOUGHT TO BE WITH THE CHILD**

|  |  |
| --- | --- |
| Father  Mother  Other person or institution  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Name, surname of the person /  name of the institution |  |
| Physical description (weight, height, colour of hair and eyes, etc.). Attach photos, if any |  |
| **If the person thought to be with the child is a parent mentioned in section I, please go directly to 2** | |
| Date of birth (dd/mm/yyyy) |  |
| Place of birth |  |
| Nationality |  |
| Type and number of identification document |  |
| Occupation, name and address of employer |  |
| Address |  |
| Telephone number |  |
| E-mail address |  |

**2. ANY OTHER INFORMATION ON THE WHEREABOUTS OF THE CHILD AND THE PERSON THOUGHT TO BE WITH THE CHILD**

|  |
| --- |
|  |

**3. OTHER PERSON(S) WHO MIGHT BE ABLE TO PROVIDE ADDITIONAL INFORMATION CONCERNING THE WHEREABOUTS OF THE CHILD**

|  |
| --- |
|  |

**V. FACTUAL AND LEGAL GROUND JUSTIFYING THE REQUEST**

|  |  |
| --- | --- |
| **Habitual residence of the child** | |
| Details related to the child’s place of habitual residence (e.g., is the child schooled in the requesting State?; are close relatives of the child living in the requesting State?): | |
| **Rights of custody** | |
| Attribution of rights of custody to the applicant arose:   by operation of law *(that is applicable to cases where there is neither a court order nor an agreement but legislation may exist which gives custody to the applicant)*   by virtue of an agreement between the parties *(that is any agreement reached by the parties agreeing custody and having legal effect under the law applicable in the country of the child’s habitual residence)*   by virtue of a court order *(that is a formal court order by which custody is clearly granted)* | |
| Please indicate which person and / or institution vested with rights of custody that “include rights relating to the care of the person of the child and, in particular, the right to determine the child’s place of habitual residence” (Article 5 of the Convention):   custody rights to father   custody rights to mother   joint custody   access rights to father including the right to object to the relocation of the child abroad   access rights to mother including the right to object to the relocation of the child abroad   custody rights to other person or institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Was there any judicial / administrative decision or agreement made on custody rights BEFORE the wrongful removal or retention? | Yes  No  If yes, please provide a copy of the decision or agreement |

**VI. DETAILS ON THE ONGOING LEGAL PROCEEDINGS CONCERNING THE CHILD**

|  |  |
| --- | --- |
| Ongoing civil proceedings in the **requesting** State | Name of court:  Date of hearing (dd/mm/yyyy)  Case No:  Details: |
| Ongoing civil proceedings in the **requested** State | Name of court:  Date of hearing (dd/mm/yyyy)  Case No:  Details: |
| Criminal proceedings | Have criminal charges been initiated against the person who is considered to have wrongfully removed or to be wrongfully retaining the child? Yes  No  If yes, please provide details: |

**VII. VOLUNTARY RETURN. AMICABLE SETTLEMENT OF THE DISPUTE**

|  |
| --- |
| Are you willing to participate in an amicable settlement of the dispute (for example, by means of mediation)?  Yes  No  If no, please give reasons: |

**VIII. PROPOSED ARRАNGEMENT FOR RETURNING THE CHILD**

|  |
| --- |
| Applicant to accompany the child personally  Other: |
| Are you willing to pay for the travel expenses?  No  Yes:   expenses of the child   expenses of the person, who removed / retained the child, to go back to the state of habitual residence   other: |

**IX. OTHER RELEVANT INFORMATION**

|  |  |
| --- | --- |
| 1. Is the child suffering from any illness or disability? If yes, please elaborate separately | Yes  No |
| 2. Has the child in the past been subject to any abuse by the person thought to be with him/her? If yes, please elaborate separately (with supporting documents) | Yes  No |
| 3. Is the person thought to be with the child likely to flee with the child once alerted of the Request for Return? | Yes  No |
| 4. Is the person thought to be with the child likely to agree to return the child voluntary? If yes, please elaborate separately | Yes  No |
|  | |

**X. LIST OF DOCUMENTS ATTACHED\***

Concerning the child

 Photograph of the child

 Copy of the judicial decision (or agreement) concerning custody or access

 Copy of the child’s birth certificate

 Copy of the child’s identification document

 Evidence of the child’s habitual residence (school and medical certificated, etc.)

Concerning the applicant, parents, person thought to be with the child:

 Copy of the applicant’s identification document

 Copy of the marriage certificate of the child’s parents

 Copy of the divorce certificate or decree

 Photograph of the person thought to be with the child

 Copy of the identification document of the person thought to be with the child

 Other documents:

*\* Documents are attached in the original or in the form of officially/ notarially certified copy with the certified translation into the official language of the requested state.*

**XI. AUTHORISATION AND SIGNATURE**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , hereby authorize the Central Authority \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [name of the requested State] under the Convention of 25 October 1980 on the Civil Aspects of International Child Abduction to act on my behalf with the respect to my application for the return of the child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [name, surname].

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of the applicant)