

**RAPPORT DU GROUPE DE TRAVAIL CHARGÉ DES FORMULAIRES  
-  
FORMULAIRES RECOMMANDÉS**

*Coordonné par le Bureau Permanent*

\* \* \*

**REPORT OF THE FORMS WORKING GROUP  
-  
RECOMMENDED FORMS**

*Co-ordinated by the Permanent Bureau*

*Document préliminaire No 31-B de juillet 2007  
à l'intention de la Vingt-et-unième session de novembre 2007*

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for the attention of the Twenty-First Session of November 2007*

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**FORMULAIRES RECOMMANDÉS**

*Coordonné par le Bureau Permanent*

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**REPORT OF THE FORMS WORKING GROUP**  
-  
**RECOMMENDED FORMS**

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**Annexe A**

**Demande de reconnaissance ou reconnaissance et exécution**

**Extrait de la décision**

**Certificat attestant du caractère exécutoire de la décision**

**Certificat de l'article 21(1) c)**

**Rapport sur l'état d'avancement – article 12(4)**

**\* \* \***

**Annex A**

**Application for Recognition or Recognition and Enforcement**

**Abstract of a Decision**

**Statement of Enforceability of a Decision**

**Statement of Proper Notice**

**Status of Application Report – Article 12(4)**

# Application for Recognition or Recognition and Enforcement

(Article 10 (1) a))

## CONFIDENTIALITY AND PERSONAL INFORMATION PROTECTION NOTICE

*Personal information 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 37.*

*A determination of non-disclosure has been made by a Central Authority in accordance with Article 37. If this box is ticked, information under items 2 d, e, f and g and 5 should only be provided in the Restricted Information on the Applicant page of this form.*

1. Requesting Central Authority file reference number: \_\_\_\_\_

2. Particulars of the applicant

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(e) of the contact person: \_\_\_\_\_

and

d. Address: \_\_\_\_\_

\_\_\_\_\_

e. Telephone numbers: \_\_\_\_\_

\_\_\_\_\_

f. Fax number: \_\_\_\_\_

g. E-mail: \_\_\_\_\_

3. Particulars of the person(s) for whom maintenance is sought or payable

3.1  Maintenance is sought or payable for the applicant named above

**Maintenance basis:**

parentage  *in loco parentis* or equivalent relationship

marriage  analogous relationship to marriage

affinity (please identify): \_\_\_\_\_

grand parent  sibling  grand child

other: \_\_\_\_\_

- 3.2  **Maintenance is sought or 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  *in loco parentis* or equivalent relationship
- c. **Family name(s):** \_\_\_\_\_  
**Given name(s):** \_\_\_\_\_  
**Date of birth** \_\_\_\_\_ **(dd/mm/yyyy)**  
**Maintenance basis:**  
 parentage  *in loco parentis* or equivalent relationship

- 3.3  **Maintenance is sought or payable for the following person**
- Family name(s):** \_\_\_\_\_  
**Given name(s):** \_\_\_\_\_  
**Date of birth** \_\_\_\_\_ **(dd/mm/yyyy)**  
**Maintenance basis:**  
 marriage  analogous relationship to marriage  
 affinity (please identify): \_\_\_\_\_  
 grand parent  sibling  grand child  
 other: \_\_\_\_\_

- 3.4  **Maintenance is sought or payable for additional children or persons, additional particulars are attached**

4. **Particulars (if known) of the debtor (respondent)**

- a. **Family name(s):** \_\_\_\_\_
- b. **Given name(s):** \_\_\_\_\_
- c. **Date of birth:** \_\_\_\_\_ **(dd/mm/yyyy)**
- d. **National identification number:** \_\_\_\_\_
- e. **Residential address:** \_\_\_\_\_  
 \_\_\_\_\_
- f. **Postal address:** \_\_\_\_\_  
 \_\_\_\_\_
- g. **Any other information that may assist with the location of the debtor**  
 \_\_\_\_\_  
 \_\_\_\_\_

**5. Payments**

**a. Details for electronic transfer of payments (if applicable)**

Name of the bank: \_\_\_\_\_

NBIC: <sup>1</sup> \_\_\_\_\_

SWIFT-address: \_\_\_\_\_

IBAN: <sup>2</sup> \_\_\_\_\_

Account number: \_\_\_\_\_

Name of account holder: \_\_\_\_\_

Reference: <sup>3</sup> \_\_\_\_\_

**b. Details for payments by cheques (if applicable)**

Cheque payable to: \_\_\_\_\_

Cheque to be sent to: \_\_\_\_\_

(address) \_\_\_\_\_

Reference: <sup>3</sup> \_\_\_\_\_

**6. Bases for recognition and enforcement (Article 17) (please check all relevant lines)**

Date of decision: \_\_\_\_\_ (dd/mm/yyyy) State of origin: \_\_\_\_\_

- The respondent was habitually resident in the State of origin at the time proceedings were instituted;
- The respondent has submitted to the jurisdiction either expressly or by defending on the merits of the case without objecting to the jurisdiction at the first available opportunity;
- The creditor was habitually resident in the State of origin at the time proceedings were instituted;
- The child for whom the maintenance was ordered was habitually resident in the State of origin at the time proceedings were instituted and provided that the respondent has lived with the child in that State or has resided in that State and provided support for the child there;
- There has been agreement to the jurisdiction by the parties in writing or evidenced by writing (except in disputes relating to maintenance obligations in respect of children);
- The maintenance decision was made by an authority exercising jurisdiction on a matter of personal status or parental responsibility and that jurisdiction was not based solely on the nationality of one of the parties; or
- Where a reservation has been made in accordance with Article 17(2), the law of the State addressed would in similar factual circumstances confer or would have conferred jurisdiction on its authorities to make such a decision. Please identify:  
\_\_\_\_\_

\* See Transmittal Form for the list of documents in support of the application.

<sup>1</sup> National Bank Identification Code.

<sup>2</sup> International Bank Account Number.

<sup>3</sup> Where needed to effect payment.

**7. Appearance of the respondent**

- The respondent appeared in the proceedings in the State of origin
- The respondent did not appear in the proceedings in the State of origin (see attached Statement of Proper Notice)

**8.  Financial Circumstances Form attached (Art. 11(2) *a*) and *b*) and Art. 21(1) *f*)**

**9. Other information:** \_\_\_\_\_  
\_\_\_\_\_

- This application was completed by the applicant and reviewed by the requesting Central Authority
- This application complies with the requirement of the Convention (Article 12(2)). The information contained in this application and the attached documents correspond to and are in conformity with the information and documents provided by the applicant to the requesting Central Authority. The application is forwarded by the Central Authority on behalf of and with the consent of the applicant.

**Name :** \_\_\_\_\_ **(in block letters) Date:** \_\_\_\_\_

**Authorised representative of the Central Authority** (dd/mm/yyyy)

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# Restricted Information on the Applicant

## Application for Recognition or Recognition and Enforcement (Article 10 (1) a))

**N.B. Information under items 2 d, e, f and g and 5 on this page shall not be disclosed or confirmed in accordance with Article 37**

1. Requesting Central Authority file reference number: \_\_\_\_\_
  
  2. Particulars of the 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: \_\_\_\_\_
  
  5. Payments
    - a. Details for electronic transfer of payments (if applicable)  
Name of the bank: \_\_\_\_\_  
NBIC: \_\_\_\_\_  
SWIFT-address: \_\_\_\_\_  
IBAN: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Name of account holder: \_\_\_\_\_  
Reference: \_\_\_\_\_
    - b. Details for payments by cheques (if applicable)  
Cheque payable to: \_\_\_\_\_  
Cheque to be sent to: \_\_\_\_\_  
(address) \_\_\_\_\_  
\_\_\_\_\_
  
Reference: \_\_\_\_\_
- This application was completed by the applicant and reviewed by the requesting Central Authority
- This application complies with the requirement of the Convention (Article 12(2)). The information contained in this application and the attached documents correspond to and are in conformity with the information and documents provided by the applicant to the requesting Central Authority. The application is forwarded by the Central Authority on behalf of and with the consent of the applicant.

Name : \_\_\_\_\_ (in block letters) Date: \_\_\_\_\_  
Authorised representative of the Central Authority (dd/mm/yyyy)

# Abstract of a Decision

(Article 21(2))

1. **Name of the State of origin of the decision:** \_\_\_\_\_  
(identify territorial unit if applicable) \_\_\_\_\_
  
2. **Competent authority issuing the Abstract**
  - 2.1 **Name:** \_\_\_\_\_
  - 2.2 **Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - 2.3 **Telephone number:** \_\_\_\_\_
  - 2.4 **Fax number:** \_\_\_\_\_
  - 2.5 **E-mail:** \_\_\_\_\_
  
3. **The decision<sup>1</sup>**
  - 3.1 **Type of authority:**  judicial authority or  administrative authority
  - 3.2 **Name and place of authority:** \_\_\_\_\_
  - 3.3 **(address if applicable)** \_\_\_\_\_  
\_\_\_\_\_
  - 3.4 **Date of the decision:** \_\_\_\_\_ (dd/mm/yyyy)
  - 3.5 **Date of effect of the decision:** \_\_\_\_\_ (dd/mm/yyyy)
  - 3.6 **Reference number of the decision:** \_\_\_\_\_
  - 3.7 **Names of the parties to the decision:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. **Name of the debtor:** \_\_\_\_\_
  
5. **Terms of decision**
  - 5.1. **Maintenance payable for one person or a group of persons (specify currency for each amount)**  
**Name(s) and date(s) of birth of the person(s) entitled to support / maintenance, arrears and other payments**
    - a. **Family name(s):** \_\_\_\_\_
    - Given name(s):** \_\_\_\_\_
    - Date of birth:** \_\_\_\_\_ (dd/mm/yyyy)

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<sup>1</sup> For the definition of decision see Article 16(1).

- b. Family name(s): \_\_\_\_\_  
 Given name(s): \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ (dd/mm/yyyy)
- c. Family name(s): \_\_\_\_\_  
 Given name(s): \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ (dd/mm/yyyy)

**5.1.1. Terms of payment of support / maintenance**

- Beginning \_\_\_\_\_ (dd/mm/yyyy) the debtor shall pay support / maintenance in the amount of \_\_\_\_\_ every:  
 week       two weeks     month       3 months     6 months  
 year       other (specify) : \_\_\_\_\_  
 This payment includes       arrears       interest       health insurance  
 school fees     other payments, arrangements or conditions (specify\*) :  
 \_\_\_\_\_  
 \_\_\_\_\_

**5.1.2. Terms of payment of arrears**

- As of \_\_\_\_\_ (dd/mm/yyyy) the total amount of arrears is in the amount of \_\_\_\_\_. Beginning \_\_\_\_\_ (dd/mm/yyyy) the debtor shall pay arrears in the amount of \_\_\_\_\_ every:  
 week       two weeks     month       3 months     6 months  
 year       other (specify) : \_\_\_\_\_

**5.1.3. Other payments as provided in the decision**

- Beginning \_\_\_\_\_ (dd/mm/yyyy) the debtor shall pay interest in the amount of \_\_\_\_\_ every:  
 week       two weeks     month       3 months     6 months  
 year       other (specify) : \_\_\_\_\_
- Beginning \_\_\_\_\_ (dd/mm/yyyy) the debtor shall pay health insurance in the amount of \_\_\_\_\_ every:  
 week       two weeks     month       3 months     6 months  
 year       other (specify) : \_\_\_\_\_
- Beginning \_\_\_\_\_ (dd/mm/yyyy) the debtor shall pay school fees in the amount of \_\_\_\_\_ every:  
 week       two weeks     month       3 months     6 months  
 year       other (specify) : \_\_\_\_\_
- Beginning \_\_\_\_\_ (dd/mm/yyyy) the debtor shall make other payments, arrangements or conditions (specify\*) : \_\_\_\_\_  
 \_\_\_\_\_ to be paid in the amount of \_\_\_\_\_ every:  
 week       two weeks     month       3 months     6 months  
 year       other (specify) : \_\_\_\_\_

---

\* Include extract of the decision if necessary.

**5.2. Maintenance payments for more than one person on an individual basis (specify currency for each amount)**

a. Family name(s): \_\_\_\_\_  
Given name(s): \_\_\_\_\_  
Date of birth: \_\_\_\_\_ (dd/mm/yyyy)

Beginning \_\_\_\_\_ (dd/mm/yyyy) the debtor shall pay support / maintenance in the amount of \_\_\_\_\_ every:  
 week       two weeks       month       3 months       6 months  
 year       other (specify\*) : \_\_\_\_\_  
This payment includes       arrears       interest       health insurance  
 school fees       other payments, arrangements or conditions (specify) : \_\_\_\_\_

Beginning \_\_\_\_\_ (dd/mm/yyyy) the debtor shall pay arrears in the amount of \_\_\_\_\_ every:  
 week       two weeks       month       3 months       6 months  
 year       other (specify) : \_\_\_\_\_

Beginning \_\_\_\_\_ (dd/mm/yyyy) the debtor shall pay interest in the amount of \_\_\_\_\_ every:  
 week       two weeks       month       3 months       6 months  
 year       other (specify) : \_\_\_\_\_

Beginning \_\_\_\_\_ (dd/mm/yyyy) the debtor shall pay health insurance in the amount of \_\_\_\_\_ every:  
 week       two weeks       month       3 months       6 months  
 year       other (specify) : \_\_\_\_\_

Beginning \_\_\_\_\_ (dd/mm/yyyy) the debtor shall pay school fees in the amount of \_\_\_\_\_ every:  
 week       two weeks       month       3 months       6 months  
 year       other (specify) : \_\_\_\_\_

Beginning \_\_\_\_\_ (dd/mm/yyyy) the debtor shall make other payments, arrangements or conditions (specify\*) : \_\_\_\_\_  
\_\_\_\_\_ to be paid in the amount of \_\_\_\_\_ every:  
 week       two weeks       month       3 months       6 months  
 year       other (specify) : \_\_\_\_\_

\_\_\_\_\_   
\* Include extract of the decision if necessary.

b. **Family name(s):** \_\_\_\_\_  
**Given name(s):** \_\_\_\_\_  
**Date of birth:** \_\_\_\_\_ (dd/mm/yyyy)

**Beginning** \_\_\_\_\_ (dd/mm/yyyy) **the debtor shall pay support / maintenance in the amount of** \_\_\_\_\_ **every:**  
 week       two weeks     month       3 months     6 months  
 year       other (specify) : \_\_\_\_\_  
**This payment includes**       arrears       interest       health insurance  
 school fees     other payments, arrangements or conditions (specify\*) : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Beginning** \_\_\_\_\_ (dd/mm/yyyy) **the debtor shall pay arrears in the amount of** \_\_\_\_\_ **every:**  
 week       two weeks     month       3 months     6 months  
 year       other (specify) : \_\_\_\_\_

**Beginning** \_\_\_\_\_ (dd/mm/yyyy) **the debtor shall pay interest in the amount of** \_\_\_\_\_ **every:**  
 week       two weeks     month       3 months     6 months  
 year       other (specify) : \_\_\_\_\_

**Beginning** \_\_\_\_\_ (dd/mm/yyyy) **the debtor shall pay health insurance in the amount of** \_\_\_\_\_ **every:**  
 week       two weeks     month       3 months     6 months  
 year       other (specify) : \_\_\_\_\_

**Beginning** \_\_\_\_\_ (dd/mm/yyyy) **the debtor shall pay school fees in the amount of** \_\_\_\_\_ **every:**  
 week       two weeks     month       3 months     6 months  
 year       other (specify) : \_\_\_\_\_

**Beginning** \_\_\_\_\_ (dd/mm/yyyy) **the debtor shall make other payments, arrangements or conditions (specify\*):** \_\_\_\_\_  
\_\_\_\_\_ **to be paid in the amount of** \_\_\_\_\_ **every:**  
 week       two weeks     month       3 months     6 months  
 year       other : \_\_\_\_\_

\_\_\_\_\_  
\* Include extract of the decision if necessary.

\* Include extract of the decision if necessary.

c. **Family name(s):** \_\_\_\_\_  
**Given name(s):** \_\_\_\_\_  
**Date of birth:** \_\_\_\_\_ (dd/mm/yyyy)

**Beginning** \_\_\_\_\_ (dd/mm/yyyy) **the debtor shall pay support / maintenance in the amount of** \_\_\_\_\_ **every:**  
 week       two weeks     month       3 months     6 months  
 year       other (specify) : \_\_\_\_\_  
**This payment includes**       arrears       interest       health insurance  
 school fees     other payments, arrangements or conditions (specify\* ) :  
\_\_\_\_\_  
\_\_\_\_\_

**Beginning** \_\_\_\_\_ (dd/mm/yyyy) **the debtor shall pay arrears in the amount of** \_\_\_\_\_ **every:**  
 week       two weeks     month       3 months     6 months  
 year       other (specify) : \_\_\_\_\_

**Beginning** \_\_\_\_\_ (dd/mm/yyyy) **the debtor shall pay interest in the amount of** \_\_\_\_\_ **every:**  
 week       two weeks     month       3 months     6 months  
 year       other (specify) : \_\_\_\_\_

**Beginning** \_\_\_\_\_ (dd/mm/yyyy) **the debtor shall pay health insurance in the amount of** \_\_\_\_\_ **every:**  
 week       two weeks     month       3 months     6 months  
 year       other (specify) : \_\_\_\_\_

**Beginning** \_\_\_\_\_ (dd/mm/yyyy) **the debtor shall pay school fees in the amount of** \_\_\_\_\_ **every:**  
 week       two weeks     month       3 months     6 months  
 year       other (specify) : \_\_\_\_\_

**Beginning** \_\_\_\_\_ (dd/mm/yyyy) **the debtor shall make other payments, arrangements or conditions (specify\* ):** \_\_\_\_\_  
\_\_\_\_\_ **to be paid in the amount of** \_\_\_\_\_ **every:**  
 week       two weeks     month       3 months     6 months  
 year       other (specify) : \_\_\_\_\_

\_\_\_\_\_  
\* Include extract of the decision if necessary.

**6. Indexation of maintenance**

- The decision is silent about indexation
  - The maintenance should be indexed every year by \_\_\_\_\_ %
  - The maintenance should be indexed as follows: \_\_\_\_\_
- 
- 

**7. Interest where maintenance payments are late**

- The decision is silent about interest where maintenance payments are late
- Unpaid amounts generate interest where payments are late at the following rate :  
\_\_\_\_\_% per  month  3 months  6 months  year
- The interest is:  simple or  compound

**8. Effect of the decision**

This decision shall remain in effect:

- Until the child(ren) has (have) reached the age of: \_\_\_\_\_
- Until the child(ren) is (are) self-supporting
- Until the child(ren) has (have) completed school (specify):
  - Secondary school  High school
  - College  University
- Until the creditor is self-supporting
- Unless and until it is changed or discontinued by further decision or by operation of law
- Other: \_\_\_\_\_

**9. Costs and expenses**

- The decision is silent about costs and expenses
- The debtor is ordered to pay costs and expenses
- Costs and expenses amount to: \_\_\_\_\_ (specify currency)

- This Abstract accurately reflects the content of the decision, described under item 3 above, in relation to maintenance for the persons listed under items 5.1. and 5.2. a, b and c above.

Name : \_\_\_\_\_ (in block letters) Date: \_\_\_\_\_

Name of the official from the competent authority of the State of origin (dd/mm/yyyy)

- This Abstract was completed by the official from the competent authority of the State of origin whose name appears above and is transmitted by the requesting Central Authority. The official hereby attests that the information contained herein was derived from and accurately reflects that appearing in the relevant records of the competent authority.

Name : \_\_\_\_\_ (in block letters) Date: \_\_\_\_\_

Authorised representative of the Central Authority (dd/mm/yyyy)

Requesting Central Authority reference number: \_\_\_\_\_

(For Central Authority use only)

# Statement of Enforceability of a Decision

(Article 21(1) b))

1. Name of the State of origin of the decision: \_\_\_\_\_  
(identify territorial unit if applicable) \_\_\_\_\_

2. Competent authority issuing the Statement

2.1 Name: \_\_\_\_\_

2.2. Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.3 Telephone number: \_\_\_\_\_

2.4 Fax number: \_\_\_\_\_

2.5 E-mail: \_\_\_\_\_

3. The decision<sup>1</sup>

3.1 Type of authority:  judicial authority or  administrative authority<sup>2</sup>

3.2 Name and place of authority: \_\_\_\_\_

3.3 (address if applicable) \_\_\_\_\_  
\_\_\_\_\_

3.4 Date of the decision: \_\_\_\_\_ (dd/mm/yyyy)

3.5 Date of effect of the decision: \_\_\_\_\_ (dd/mm/yyyy)

3.6 Reference number of the decision: \_\_\_\_\_

3.7 Names of the parties to the decision: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.  The decision is enforceable in the State of origin.

Name : \_\_\_\_\_ (in block letters) Date: \_\_\_\_\_

Name of the official from the competent authority of the State of origin (dd/mm/yyyy)

This Statement of Enforceability of a Decision was completed by the official from the competent authority of the State of origin whose name appears above and is transmitted by the requesting Central Authority

Name : \_\_\_\_\_ (in block letters) Date: \_\_\_\_\_

Authorised representative of the Central Authority (dd/mm/yyyy)

Requesting Central Authority reference number: \_\_\_\_\_  
(For Central Authority use only)

<sup>1</sup> For the definition of decision see Article 16(1).

<sup>2</sup> The Administrative Authority referred to in this Statement meets the requirements of Article 16(3).



# Statement of Proper Notice<sup>1</sup>

1. **Name of the State of origin of the decision:** \_\_\_\_\_  
(identify territorial unit if applicable) \_\_\_\_\_
  
2. **Competent authority issuing the Statement**
  - 2.1 **Name:** \_\_\_\_\_
  - 2.2 **Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - 2.3 **Telephone number:** \_\_\_\_\_
  - 2.4 **Fax number:** \_\_\_\_\_
  - 2.5 **E-mail:** \_\_\_\_\_
  
3. **The decision<sup>2</sup>**
  - 3.1 **Type of authority:**  judicial authority or  administrative authority
  - 3.2 **Name and place of authority:** \_\_\_\_\_
  - 3.3 **(address if applicable)** \_\_\_\_\_  
\_\_\_\_\_
  - 3.4 **Date of the decision:** \_\_\_\_\_ (dd/mm/yyyy)
  - 3.5 **Date of effect of the decision:** \_\_\_\_\_ (dd/mm/yyyy)
  - 3.6 **Reference number of the decision:** \_\_\_\_\_
  - 3.7 **Names of the parties to the decision:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. **Name of the debtor (respondent):** \_\_\_\_\_

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<sup>1</sup> A Statement of Proper Notice should be provided if the Respondent did not appear in the proceedings in the State or origin.

<sup>2</sup> For the definition of decision see Article 16(1).

**5. Proper notice to the respondent**

- The respondent had proper notice of the proceedings and an opportunity to be heard ( Certificate of Service attached if applicable)
- The respondent had proper notice of the decision and an opportunity to challenge it on fact and law ( Certificate of Service attached if applicable)

Name : \_\_\_\_\_ (in block letters) Date: \_\_\_\_\_  
Name of the official from the competent authority of the State of origin (dd/mm/yyyy)

- This Statement of Proper Notice was completed by the official from the competent authority of the State of origin whose name appears above and is transmitted by the requesting Central Authority. The official hereby attests that the information contained herein was derived from and accurately reflects that appearing in the relevant records of the competent authority.

Name : \_\_\_\_\_ (in block letters) Date: \_\_\_\_\_  
Authorised representative of the Central Authority (dd/mm/yyyy)

Requesting Central Authority reference number: \_\_\_\_\_  
(For Central Authority use only)

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# Status of Application Report – Article 12(4)

(Application for Recognition or Recognition and Enforcement – Article 10(1) a))

## CONFIDENTIALITY AND PERSONAL INFORMATION PROTECTION NOTICE

*Personal information 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 37.*

*A determination of non-disclosure has been made by a Central Authority in accordance with Article 37.*

<b>1. Requested Central Authority</b>	<b>2. Contact person in requested State</b>
a. Address	a. Address (if different)
b. Telephone number	b. Telephone number (if different)
c. Fax number	c. Fax number (if different)
d. E-mail	d. E-mail (if different)
e. Reference number	e. Language(s)

### 3. File identification

a. Requesting Central Authority file reference number: \_\_\_\_\_

b. Family name(s) of applicant: \_\_\_\_\_  
or

b. Name of public body: \_\_\_\_\_  
and

c. Family name(s) of the person(s) for whom  
maintenance is sought or payable: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. Family name(s) of debtor: \_\_\_\_\_  
\_\_\_\_\_

### 4. Status of the application in the requested State

a.  On \_\_\_\_\_ (dd/mm/yyyy) the competent authority declared  
the decision enforceable or registered the decision for enforcement  
( decision attached)

b.  On or by \_\_\_\_\_ (dd/mm/yyyy) the competent authority is  
due to declare that the decision is enforceable or is to register the decision  
for enforcement

c.  On \_\_\_\_\_ (dd/mm/yyyy) the debtor lodged a challenge or  
an appeal against the declaration or registration ( permission to appeal  
attached)

- d.  On \_\_\_\_\_ (dd/mm/yyyy) the competent authority issued a decision refusing recognition and enforcement ( decision attached;  requirements to appeal attached)
- e.  On \_\_\_\_\_ (dd/mm/yyyy) the application was sent to the enforcement authority
- f.  Application is still pending before the Central Authority
- g.  Application sent to enforcement authority and enforcement is impossible in the foreseeable future because:
- Debtor without necessary resources
- Debtor incarcerated
- Other: \_\_\_\_\_
5.  The following steps have been taken (past):
- a.  Debtor located
- b.  Voluntary payment secured (no enforcement measures were necessary)
- c.  Information concerning the financial circumstances of the debtor gathered
- d.  Assets of the debtor located
- e.  Enforcement measures initiated
- Wage withholding
- Garnishment from bank account or other sources
- Deductions from social security payments
- Lien on or forced sale of property
- Tax refund withholding
- Withholding or attachment of pension benefits
- Credit bureau reporting
- Denial, suspension or revocation of licenses or passport
- Seizure of lottery or gambling winnings
- Prohibition from leaving the requested State
- Incarceration
- Other: \_\_\_\_\_
- f.  Payments were secured (enforcement measures were necessary)
- g.  Other: \_\_\_\_\_
6.  The following steps are being taken (present):
- a.  Locating the debtor
- b.  Securing voluntary payment (no enforcement measures are necessary)
- c.  Gathering of information concerning the financial circumstances of the debtor
- d.  Locating the assets of the debtor
- e.  Initiating enforcement measures
- f.  Securing payments (enforcement measures are necessary)
- g.  Other: \_\_\_\_\_
7.  The following steps will be taken (future):
- a.  Debtor to be located
- b.  Voluntary payment to be sought (no enforcement measures will be necessary)
- c.  Information to be gathered concerning the financial circumstances of the debtor
- d.  Assets of the debtor to be located
- e.  Enforcement measures to be initiated
- f.  Payments to be sought (enforcement measures will be necessary)
- g.  Other: \_\_\_\_\_

8.  Please provide the following additional information and / or documentation:
- 
- 
- [9.  The application has been examined by the competent authority and is being returned because the relief requested cannot be granted in the requested State for the following reasons:
- a.  There are no bases for recognition and enforcement under Article 17
  - b.  Recognition or enforcement of the decision is manifestly incompatible with the public policy ("*ordre public*") of the State addressed
  - c.  The decision was obtained by fraud in connection with a matter of procedure
  - d.  Proceedings between the same parties and having the same purpose are pending before an authority of the State addressed and those proceedings were the first to be instituted
  - e.  The decision is incompatible with a decision rendered between the same parties and having the same purpose, either in the State addressed or in another State, and this latter decision fulfils the conditions necessary for recognition and enforcement in the State addressed
  - f.  The respondent had neither proper notice of the proceedings and an opportunity to be heard, nor proper notice of the decision and the opportunity to challenge it on fact and law
  - g.  The decision was made in violation of Article 15]<sup>1</sup>
10.  The requested Central Authority has refused to process the application for the following reasons:
- a.  Requesting Central Authority did not produce the additional documents or information within the period provided under Article 12(9)
  - b.  Requirements of the Convention manifestly not fulfilled ( reasons attached)

Name : \_\_\_\_\_ (in block letters) Date: \_\_\_\_\_  
Authorised representative of the Central Authority (dd/mm/yyyy)

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<sup>1</sup> Consideration should be given to the inclusion of item 9 depending on the outcome of the discussion regarding *ex officio* review (Article 20(5)).

**Annexe B**

**Demande de d'exécution d'une décision rendue ou reconnue  
dans l'État requis  
(article 10 (1) *b*)**

**Rapport sur l'état d'avancement – article 12(4)**

\* \* \*

**Annex B**

**Application for Enforcement of a Decision Made or Recognised  
in the Requested State  
(Article 10 (1) *b*)**

**Status of Application Report – Article 12(4)**

# Application for Enforcement of a Decision Made or Recognised in the Requested State

(Article 10 (1) b))

## CONFIDENTIALITY AND PERSONAL INFORMATION PROTECTION NOTICE

*Personal information 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 37.*

*A determination of non-disclosure has been made by a Central Authority in accordance with Article 37. If this box is ticked, information under items 2 d, e, f and g and 5 should only be provided in the Restricted Information on the Applicant page of this form.*

1. Requesting Central Authority file reference number: \_\_\_\_\_

2. Particulars of the 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: \_\_\_\_\_

3. Particulars of the person(s) for whom maintenance is sought or payable

3.1  Maintenance is sought or payable for the applicant named above

Maintenance basis:

parentage  *in loco parentis* or equivalent relationship

marriage  analogous relationship to marriage

affinity (please identify): \_\_\_\_\_

grand parent  sibling  grand child

other: \_\_\_\_\_

- 3.2  **Maintenance is sought or 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  *in loco parentis* or equivalent relationship
- c. **Family name(s):** \_\_\_\_\_  
**Given name(s):** \_\_\_\_\_  
**Date of birth** \_\_\_\_\_ **(dd/mm/yyyy)**  
**Maintenance basis:**  
 parentage  *in loco parentis* or equivalent relationship

- 3.3  **Maintenance is sought or payable for the following person**
- Family name(s):** \_\_\_\_\_  
**Given name(s):** \_\_\_\_\_  
**Date of birth** \_\_\_\_\_ **(dd/mm/yyyy)**  
**Maintenance basis:**  
 marriage  analogous relationship to marriage  
 affinity (please identify): \_\_\_\_\_  
 grand parent  sibling  grand child  
 other: \_\_\_\_\_

- 3.4  **Maintenance is sought or payable for additional children or persons, additional particulars are attached**

4. **Particulars (if known) of the debtor (respondent)**

- a. **Family name(s):** \_\_\_\_\_  
b. **Given name(s):** \_\_\_\_\_  
c. **Date of birth:** \_\_\_\_\_ **(dd/mm/yyyy)**  
d. **National identification number:** \_\_\_\_\_  
e. **Residential address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
f. **Postal address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
g. **Any other information that may assist with the location of the debtor**  
\_\_\_\_\_  
\_\_\_\_\_



**5. Payments**

**a. Details for electronic transfer of payments (if applicable)**

Name of the bank: \_\_\_\_\_

NBIC: <sup>1</sup> \_\_\_\_\_

SWIFT-address: \_\_\_\_\_

IBAN: <sup>2</sup> \_\_\_\_\_

Account number: \_\_\_\_\_

Name of account holder: \_\_\_\_\_

Reference: <sup>3</sup> \_\_\_\_\_

**b. Details for payments by cheques (if applicable)**

Cheque payable to: \_\_\_\_\_

Cheque to be sent to: \_\_\_\_\_

(address) \_\_\_\_\_

\_\_\_\_\_

Reference: <sup>3</sup> \_\_\_\_\_

**6. The decision**

**6.1 Type of authority:**  judicial authority or  administrative authority

**6.2 Name and place of authority:** \_\_\_\_\_

**6.3 (address if applicable)** \_\_\_\_\_

**6.4 Date of the decision:** \_\_\_\_\_ (dd/mm/yyyy)

**6.5 Date of effect of the decision:** \_\_\_\_\_ (dd/mm/yyyy)

**6.6 Reference number of the decision:** \_\_\_\_\_

**6.7 Names of the parties:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**7. The following are attached to this application:**

- Decision**
- Statement of arrears**
- Financial Circumstances Form**

<sup>1</sup> National Bank Identification Code.

<sup>2</sup> International Bank Account Number.

<sup>3</sup> Where needed to effect payment.

8. **Other information:** \_\_\_\_\_  
\_\_\_\_\_

- This application was completed by the applicant and reviewed by the requesting Central Authority**
- This application complies with the requirement of the Convention (Article 12(2)). The information contained in this application and the attached documents correspond to and are in conformity with the information and documents provided by the applicant to the requesting Central Authority. The application is forwarded by the Central Authority on behalf of and with the consent of the applicant.**

**Name :** \_\_\_\_\_ **(in block letters) Date:** \_\_\_\_\_  
**Authorised representative of the Central Authority** (dd/mm/yyyy)

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## Restricted Information on the Applicant

Application for Enforcement of a Decision Made or Recognised in the Requested State  
(Article 10 (1) b))

**N.B. Information under items 2 d, e, f and g and 5 on this page shall not be disclosed or confirmed in accordance with Article 37**

1. Requesting Central Authority file reference number: \_\_\_\_\_
  
  2. Particulars of the 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: \_\_\_\_\_
  
  5. Payments
    - a. Details for electronic transfer of payments (if applicable)

Name of the bank: \_\_\_\_\_

NBIC: \_\_\_\_\_

SWIFT-address: \_\_\_\_\_

IBAN: \_\_\_\_\_

Account number: \_\_\_\_\_

Name of account holder: \_\_\_\_\_

Reference: \_\_\_\_\_
    - b. Details for payments by cheques (if applicable)

Cheque payable to: \_\_\_\_\_

Cheque to be sent to: \_\_\_\_\_  
(address) \_\_\_\_\_  
\_\_\_\_\_

Reference: \_\_\_\_\_
- This application was completed by the applicant and reviewed by the requesting Central Authority
- This application complies with the requirement of the Convention (Article 12(2)). The information contained in this application and the attached documents correspond to and are in conformity with the information and documents provided by the applicant to the requesting Central Authority. The application is forwarded by the Central Authority on behalf of and with the consent of the applicant.

Name : \_\_\_\_\_ (in block letters) Date: \_\_\_\_\_  
Authorised representative of the Central Authority (dd/mm/yyyy)

## Status of Application Report – Article 12(4)

(Application for Enforcement – Article 10 (1) b))

### CONFIDENTIALITY AND PERSONAL INFORMATION PROTECTION NOTICE

*Personal information 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 37.*

*A determination of non-disclosure has been made by a Central Authority in accordance with Article 37.*

<p><b>1. Requested Central Authority</b></p> <p>a. Address</p> <p>b. Telephone number</p> <p>c. Fax number</p> <p>d. E-mail</p> <p>e. Reference number</p>	<p><b>2. Contact person in requested State</b></p> <p>a. Address (if different)</p> <p>b. Telephone number (if different)</p> <p>c. Fax number (if different)</p> <p>d. E-mail (if different)</p> <p>e. Language(s)</p>
--	---

**3. File identification**

a. Requesting Central Authority file reference number: \_\_\_\_\_

b. Family name(s) of applicant: \_\_\_\_\_

c. Family name(s) of the person(s) for whom maintenance is sought or payable: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

d. Family name(s) of debtor: \_\_\_\_\_

**4. Status of the application in the requested State**

a.  On \_\_\_\_\_ (dd/mm/yyyy) the application was sent to the competent authority responsible for enforcement (name) \_\_\_\_\_ (address) \_\_\_\_\_ (reference number) \_\_\_\_\_

b.  On \_\_\_\_\_ (dd/mm/yyyy) the competent authority issued a decision allowing enforcement ( decision attached)

c.  On \_\_\_\_\_ (dd/mm/yyyy) the debtor lodged a challenge or an appeal against enforcement ( permission to appeal attached)

d.  On \_\_\_\_\_ (dd/mm/yyyy) the competent authority issued a decision refusing enforcement ( decision attached;  requirements to appeal attached)

e.  Application is still pending before the Central Authority

- f.  Application sent to enforcement authority and enforcement is impossible in the foreseeable future because:
- Debtor without necessary resources
  - Debtor incarcerated
  - Other: \_\_\_\_\_
5.  The following steps have been taken (past):
- a.  Debtor located
  - b.  Voluntary payment secured (no enforcement measures were necessary)
  - c.  Information concerning the financial circumstances of the debtor gathered
  - d.  Assets of the debtor located
  - e.  Enforcement measures initiated
    - Wage withholding
    - Garnishment from bank account or other sources
    - Deductions from social security payments
    - Lien on or forced sale of property
    - Tax refund withholding
    - Withholding or attachment of pension benefits
    - Credit bureau reporting
    - Denial, suspension or revocation of licenses or passport
    - Seizure of lottery or gambling winnings
    - Prohibition from leaving the requested State
    - Incarceration
    - Other: \_\_\_\_\_
  - f.  Payments were secured (no enforcement measures are necessary)
  - g.  Other: \_\_\_\_\_
6.  The following steps are being taken (present):
- a.  Locating the debtor
  - b.  Securing voluntary payment (no enforcement measures are necessary)
  - c.  Gathering of information concerning the financial circumstances of the debtor
  - d.  Locating the assets of the debtor
  - e.  Initiating enforcement measures
  - f.  Securing payments (measures of enforcement are necessary)
  - g.  Other: \_\_\_\_\_
7.  The following steps will be taken (future):
- a.  Debtor to be located
  - b.  Voluntary payment to be sought (no enforcement measures will be necessary)
  - c.  Information to be gathered concerning the financial circumstances of the debtor
  - d.  Assets of the debtor to be located
  - e.  Enforcement measures to be initiated
  - f.  Payments to be sought (enforcement measures will be necessary)
  - g.  Other: \_\_\_\_\_
8.  Please provide the following additional information and / or documentation:
- \_\_\_\_\_
- \_\_\_\_\_

9.  The requested Central Authority has refused to process the application for the following reasons:
- a.  Requesting Central Authority did not produce the additional documents or information within the period provided under Article 12(9)
  - b.  Requirements of the Convention manifestly not fulfilled ( reasons attached)
10.  The competent authority has refused to enforce the decision for the following reasons:
- a.  Requirements of the Convention not fulfilled ( decision attached)
  - b.  Debtor not located in the requested State
  - c.  Decision has not been recognised in the requested State ( decision attached)
  - d.  Decision is no longer in force ( decision attached)
  - e.  Decision is incompatible with a later decision ( decision attached)
  - f.  Decision has been modified ( decision attached)
  - g.  Other: \_\_\_\_\_

Name : \_\_\_\_\_ (in block letters) Date: \_\_\_\_\_  
Authorised representative of the Central Authority (dd/mm/yyyy)

**Annexe C**

**Demande d'obtention d'une décision**

**Rapport sur l'état d'avancement – article 12(4)**

**\* \* \***

**Annex C**

**Application for Establishment of a Decision**

**Status of Application Report – Article 12(4)**

**Application for Establishment of a Decision**  
**(including where necessary the establishment of parentage)**  
**(Article 10 (1) c) and d))**

**CONFIDENTIALITY AND PERSONAL INFORMATION PROTECTION NOTICE**

*Personal information 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 37.*

*A determination of non-disclosure has been made by a Central Authority in accordance with Article 37. If this box is ticked, information under items 2 d, e, f and g and 5 should only be provided in the Restricted Information on the Applicant page of this form.*

1. **Requesting Central Authority file reference number:** \_\_\_\_\_

2. **Particulars of the 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:** \_\_\_\_\_

3. **Particulars of the person(s) for whom maintenance is sought or payable**

3.1  **Maintenance is sought or payable for the applicant named above**

**Maintenance basis:**

parentage  *in loco parentis* or equivalent relationship

marriage  analogous relationship to marriage

affinity (please identify): \_\_\_\_\_

grand parent  sibling  grand child

other: \_\_\_\_\_



- 3.2  **Maintenance is sought or 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  *in loco parentis* or equivalent relationship
- c. **Family name(s):** \_\_\_\_\_  
**Given name(s):** \_\_\_\_\_  
**Date of birth** \_\_\_\_\_ **(dd/mm/yyyy)**  
**Maintenance basis:**  
 parentage  *in loco parentis* or equivalent relationship

- 3.3  **Maintenance is sought or payable for the following person**
- Family name(s):** \_\_\_\_\_  
**Given name(s):** \_\_\_\_\_  
**Date of birth** \_\_\_\_\_ **(dd/mm/yyyy)**  
**Maintenance basis:**  
 marriage  analogous relationship to marriage  
 affinity (please identify): \_\_\_\_\_  
 grand parent  sibling  grand child  
 other: \_\_\_\_\_

- 3.4  **Maintenance is sought or payable for additional children or persons, additional particulars are attached**

4. **Particulars (if known) of the debtor (respondent)**

- a. **Family name(s):** \_\_\_\_\_
- b. **Given name(s):** \_\_\_\_\_
- c. **Date of birth:** \_\_\_\_\_ **(dd/mm/yyyy)**
- d. **National identification number:** \_\_\_\_\_
- e. **Residential address:** \_\_\_\_\_  
 \_\_\_\_\_
- f. **Postal address:** \_\_\_\_\_  
 \_\_\_\_\_
- g. **Any other information that may assist with the location of the debtor**  
 \_\_\_\_\_  
 \_\_\_\_\_

**5. Payments**

**a. Details for electronic transfer of payments (if applicable)**

Name of the bank: \_\_\_\_\_

NBIC: <sup>1</sup> \_\_\_\_\_

SWIFT-address: \_\_\_\_\_

IBAN: <sup>2</sup> \_\_\_\_\_

Account number: \_\_\_\_\_

Name of account holder: \_\_\_\_\_

Reference: <sup>3</sup> \_\_\_\_\_

**b. Details for payments by cheques (if applicable)**

Cheque payable to: \_\_\_\_\_

Cheque to be sent to: \_\_\_\_\_

(address) \_\_\_\_\_

Reference: <sup>3</sup> \_\_\_\_\_

**6. This application is for the establishment of a decision in the requested State where:**

- a.  there is no existing decision (Article 10(1) c))
- b.  recognition and enforcement of a decision is not possible or is refused because of the lack of a basis for recognition and enforcement under Article 17 or on the grounds specified in Article 19 b) or e) (Article 10(1) d))

**7. The following document(s) are attached in support of this application:**

- Birth certificate or equivalent
- Acknowledgement of parentage by the debtor
- Affidavit supporting a declaration of biological parentage
- Decision of competent authority concerning parentage
- Genetic test results
- Adoption certificate
- Certificate of marriage or similar relationship and date of divorce / separation
- Affidavit supporting a declaration of 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
- Applicable law is not forum law (documentation attached if necessary)<sup>4</sup>
- Other evidence in accordance with the law of the requested State
- Decision of the requested State refusing recognition and enforcement

<sup>1</sup> National Bank Identification Code.

<sup>2</sup> International Bank Account Number.

<sup>3</sup> Where needed to affect payment.

<sup>4</sup> The upholding of this box is subject to the outcome of the work of the Applicable Law Working Group.

8. **Other information:** \_\_\_\_\_  
\_\_\_\_\_

- This application was completed by the applicant and reviewed by the requesting Central Authority**
- This application complies with the requirement of the Convention (Article 12(2)). The information contained in this application and the attached documents correspond to and are in conformity with the information and documents provided by the applicant to the requesting Central Authority. The application is forwarded by the Central Authority on behalf of and with the consent of the applicant.**

**Name :** \_\_\_\_\_ **(in block letters)** **Date:** \_\_\_\_\_  
**Authorised representative of the Central Authority** (dd/mm/yyyy)

DRAFT

## Restricted Information on the Applicant

Application for Establishment of a Decision  
(including where necessary the establishment of parentage)  
(Article 10 (1) c) and d))

**N.B. Information under items 2 d, e, f and g and 5 on this page shall not be disclosed or confirmed in accordance with Article 37**

1. Requesting Central Authority file reference number: \_\_\_\_\_
  
  2. Particulars of the 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: \_\_\_\_\_
  
  5. Payments
    - a. Details for electronic transfer of payments (if applicable)  
Name of the bank: \_\_\_\_\_  
NBIC: \_\_\_\_\_  
SWIFT-address: \_\_\_\_\_  
IBAN: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Name of account holder: \_\_\_\_\_  
Reference: \_\_\_\_\_
    - b. Details for payments by cheques (if applicable)  
Cheque payable to: \_\_\_\_\_  
Cheque to be sent to: \_\_\_\_\_  
(address) \_\_\_\_\_  
Reference: \_\_\_\_\_
- This application was completed by the applicant and reviewed by the requesting Central Authority
- This application complies with the requirement of the Convention (Article 12(2)). The information contained in this application and the attached documents correspond to and are in conformity with the information and documents provided by the applicant to the requesting Central Authority. The application is forwarded by the Central Authority on behalf of and with the consent of the applicant.

Name : \_\_\_\_\_ (in block letters) Date: \_\_\_\_\_  
Authorized representative of the Central Authority (dd/mm/yyyy)

# Status of Application Report – Article 12(4)

(Application for Establishment of a Decision – Article 10(1) c) and d))

## CONFIDENTIALITY AND PERSONAL INFORMATION PROTECTION NOTICE

*Personal information 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 37.*

*A determination of non-disclosure has been made by a Central Authority in accordance with Article 37.*

<b>1. Requested Central Authority</b>	<b>2. Contact person in Requested State</b>
a. Address	a. Address (if different)
b. Telephone number	b. Telephone number (if different)
c. Fax number	c. Fax number (if different)
d. E-mail	d. E-mail (if different)
e. Reference number	e. Language(s)

### 3. File identification

a. Requesting Central Authority file reference number: \_\_\_\_\_

b. Family name(s) of applicant: \_\_\_\_\_

c. Family name(s) of the person(s) for whom  
maintenance is sought or payable: \_\_\_\_\_

d. Family name(s) of debtor: \_\_\_\_\_

### 4. Status of the application

#### 4.1 Status of the application for Establishment of a decision for maintenance in the requested State

a.  On \_\_\_\_\_ (dd/mm/yyyy) the application was sent to the competent authority responsible for establishment (name) \_\_\_\_\_ (address) \_\_\_\_\_ (reference number) \_\_\_\_\_

b.  On or by \_\_\_\_\_ (dd/mm/yyyy) the competent authority is due to issue a decision for maintenance

- c.  On \_\_\_\_\_ (dd/mm/yyyy) the competent authority issued a decision for maintenance ( decision attached)
- d.  On \_\_\_\_\_ (dd/mm/yyyy) the competent authority has decided against establishing a decision for maintenance ( decision attached;  requirements to appeal attached)
- e.  On \_\_\_\_\_ (dd/mm/yyyy) the debtor has lodged a challenge or an appeal against the maintenance decision ( permission to appeal attached)
- f.  On \_\_\_\_\_ (dd/mm/yyyy) the maintenance decision is final
- g.  On \_\_\_\_\_ (dd/mm/yyyy) the maintenance decision is enforceable
- h.  Application is still pending before the Central Authority

**4.2 Status of establishment of parentage**

- a.  Establishment of parentage not necessary
- b.  On \_\_\_\_\_ (dd/mm/yyyy) the application for establishment of parentage was sent to the competent authority responsible (name) \_\_\_\_\_  
(address) \_\_\_\_\_  
(reference number) \_\_\_\_\_
- c.  On \_\_\_\_\_ (dd/mm/yyyy) the debtor lodged a challenge or an appeal against the establishment of parentage ( permission to appeal attached)
- d.  On or by \_\_\_\_\_ (dd/mm/yyyy) the competent authority is due to establish parentage
- e.  On \_\_\_\_\_ (dd/mm/yyyy) the competent authority established parentage:  positive /  negative ( decision attached)
- f.  On \_\_\_\_\_ (dd/mm/yyyy) the competent authority decided to reject the request to establish parentage ( decision attached;  requirements to appeal attached)
- g.  On \_\_\_\_\_ (dd/mm/yyyy) the debtor lodged a challenge or an appeal against the decision establishing parentage ( permission to appeal attached)
- h.  Application is still pending before the Central Authority

**5.  The following steps have been taken (past):**

- a.  Debtor located
- b.  Debtor contacted for settlement
- c.  Voluntary payment secured (no enforcement measures were necessary) ( documentation attached to this Report if applicable)
- d.  Information concerning the financial circumstances of the debtor gathered
- e.  Assets of the debtor located
- f.  Enforcement measures initiated
  - Wage withholding
  - Garnishment from bank account or other sources
  - Deductions from social security payments
  - Lien on or forced sale of property
  - Tax refund withholding
  - Withholding or attachment of pension benefits
  - Credit bureau reporting
  - Denial, suspension or revocation of licenses or passport
  - Seizure of lottery or gambling winnings
  - Prohibition from leaving the requested State
  - Incarceration
  - Other: \_\_\_\_\_

- g.  Payments were secured (enforcement measures were necessary)
- h.  Other: \_\_\_\_\_
6.  The following steps are being taken (present):
- a.  Locating the debtor
- b.  Contacting the debtor for settlement
- c.  Securing voluntary payment (no enforcement measures are necessary)
- d.  Gathering of information concerning the financial circumstances of the debtor
- e.  Locating the assets of the debtor
- f.  Initiating enforcement measures
- g.  Securing payments (enforcement measures are necessary)
- h.  Other: \_\_\_\_\_
7.  The following steps will be taken (future):
- a.  Debtor to be located
- b.  Debtor to be contacted for settlement
- c.  Voluntary payment to be sought (no enforcement measures will be necessary)
- d.  Information to be gathered concerning the financial circumstances of the debtor
- e.  Assets of the debtor to be located
- f.  Enforcement measures to be initiated
- g.  Payments to be sought (enforcement measures will be necessary)
- h.  Other: \_\_\_\_\_
8.  Please provide the following additional information and / or documentation:
- \_\_\_\_\_
- \_\_\_\_\_
9.  The requested Central Authority has refused to process the application for the following reasons:
- a.  Requesting Central Authority did not produce the additional documents or information within the period provided under Article 12(9)
- b.  Requirements of the Convention manifestly not fulfilled ( reasons attached)
10.  The competent authority has refused to establish a maintenance decision for the following reasons:
- a.  Other requirements of the Convention not fulfilled ( decision attached)
- b.  Debtor not located in the requested State
- c.  Other: \_\_\_\_\_

Name : \_\_\_\_\_ (in block letters) Date: \_\_\_\_\_  
 Authorised representative of the Central Authority (dd/mm/yyyy)

**Annexe D**

**Demande de modification d'une décision**

**Rapport sur l'état d'avancement – article 12(4)**

**\* \* \***

**Annex D**

**Application for Modification of a Decision**

**Status of Application Report – Article 12(4)**



# Application for Modification of a Decision

(Article 10(1) e) and f) and (2) a) and b))

## CONFIDENTIALITY AND PERSONAL INFORMATION PROTECTION NOTICE

*Personal information 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 37.*

*A determination of non-disclosure has been made by a Central Authority in accordance with Article 37. If this box is ticked, information under items 2 d, e, f and g and 5 should only be provided in the Restricted Information on the Applicant page of this form.*

1. Requesting Central Authority file reference number: \_\_\_\_\_

2. Particulars of the applicant

The applicant is:

- The person for whom maintenance is sought or payable
- The representative of the person for whom maintenance is sought or payable
- The debtor
- The representative of the debtor

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: \_\_\_\_\_

3. Particulars of the person(s) for whom maintenance is sought or payable

3.1  Maintenance is sought or payable for the applicant named above

Maintenance basis:

- parentage  *in loco parentis* or equivalent relationship
- marriage  analogous relationship to marriage
- affinity (please identify): \_\_\_\_\_
- grand parent  sibling  grand child
- other: \_\_\_\_\_

- 3.2  **Maintenance is sought or 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  *in loco parentis* or equivalent relationship
- c. **Family name(s):** \_\_\_\_\_  
**Given name(s):** \_\_\_\_\_  
**Date of birth** \_\_\_\_\_ (dd/mm/yyyy)  
**Maintenance basis:**  
 parentage  *in loco parentis* or equivalent relationship

- 3.3  **Maintenance is sought or payable for the following person**
- Family name(s):** \_\_\_\_\_  
**Given name(s):** \_\_\_\_\_  
**Date of birth** \_\_\_\_\_ (dd/mm/yyyy)  
**Maintenance basis:**  
 marriage  analogous relationship to marriage  
 affinity (please identify): \_\_\_\_\_  
 grand parent  sibling  grand child  
 other: \_\_\_\_\_

- 3.4  **Maintenance is sought or payable for additional children or persons, additional particulars are attached**

4.1 **Particulars (if known) of the debtor**

- The person is the same as the applicant named above**

- a. **Family name(s):** \_\_\_\_\_  
b. **Given name(s):** \_\_\_\_\_  
c. **Date of birth:** \_\_\_\_\_ (dd/mm/yyyy)  
d. **National identification number:** \_\_\_\_\_  
e. **Residential address:** \_\_\_\_\_  
\_\_\_\_\_  
f. **Postal address:** \_\_\_\_\_  
\_\_\_\_\_  
g. **Any other information that may assist with the location of the debtor**  
\_\_\_\_\_

**4.2 If the debtor is the applicant, particulars (if known and applicable) of the representative of the person(s) for whom maintenance is sought or payable**

- a. **Family name(s):** \_\_\_\_\_
- b. **Given name(s):** \_\_\_\_\_
- c. **Address:** \_\_\_\_\_  
\_\_\_\_\_
- d. **Telephone numbers:** \_\_\_\_\_  
\_\_\_\_\_
- e. **Fax number:** \_\_\_\_\_
- f. **E-mail:** \_\_\_\_\_

**5. Payments**

**a. Details for electronic transfer of payments (if applicable)**

**Name of the bank:** \_\_\_\_\_

**NBIC:<sup>1</sup>** \_\_\_\_\_

**SWIFT-address:** \_\_\_\_\_

**IBAN:<sup>2</sup>** \_\_\_\_\_

**Account number:** \_\_\_\_\_

**Name of account holder:** \_\_\_\_\_

**Reference:<sup>3</sup>** \_\_\_\_\_

**b. Details for payments by cheques (if applicable)**

**Cheque payable to:** \_\_\_\_\_

**Cheque to be sent to:** \_\_\_\_\_

**(address)** \_\_\_\_\_

**Reference:<sup>3</sup>** \_\_\_\_\_

---

<sup>1</sup> National Bank Identification Code.

<sup>2</sup> International Bank Account Number.

<sup>3</sup> Where needed to affect payment.

**6. The decision**

**6.1 Type of authority:**  judicial authority or  administrative authority

**6.2 Name and place of authority:** \_\_\_\_\_

**6.3 (address if applicable)** \_\_\_\_\_

**6.4 Date of the decision:** \_\_\_\_\_ (dd/mm/yyyy)

**6.5 Date of effect of the decision:** \_\_\_\_\_ (dd/mm/yyyy)

**6.6 Reference number of the decision:** \_\_\_\_\_

**6.7 Names of the parties:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**7. The following changes have occurred since the decision was made or last modified:**

- Change in the income of the creditor
- Change in the income of the debtor
- Change in the income of the person who has care of the child
- Change in circumstances of the person for whom maintenance is sought
- Change in child care arrangements
- Change in cost of living
- Change of currency exchange rate
- Decision was made by consent, and the amount ordered to be paid is no longer proper or adequate
- Other. Please specify: \_\_\_\_\_

**8. The following modifications are sought by the applicant:**

- Increasing the amount of maintenance
- Decreasing the amount of maintenance
- Modifying the frequency of payments
- Modifying the method of payment
- Modifying the nature of payments
- Terminating the maintenance obligation
- Other. Please specify: \_\_\_\_\_

**9. The following documents are attached to establish the basis for modification of the maintenance decision and to assist in establishing, where necessary, the amount of the maintenance:**

- Complete text of the decision from the State of origin
- Evidence establishing a change in income or other change in circumstances
- Written agreement between the parties related to modification of the maintenance
- Financial Circumstances Form
- Written submissions in support of application
- Other evidence in accordance with the law of the requested State

10. Other information: \_\_\_\_\_

11. If the applicant is the debtor in the case of an application under Article 10(2) *b*), please check the applicable boxes.

- The creditor is not habitually resident in the State of origin.
- The creditor is habitually resident in the State of origin, but the following provision of Article 15 applies or may apply:
  - The parties agreed in writing to the jurisdiction of the requested State in accordance with Article 15(2) *a*) ( agreement attached);
  - The creditor may submit to the jurisdiction of the requested State in accordance with Article 15(2) *b*);
  - The competent authority in the State of origin cannot, or refuses to, exercise jurisdiction in accordance with Article 15(2) *c*) ( decision attached); or,
  - The decision made in the State of origin cannot be recognized or declared enforceable in the Contracting State where proceedings for a new or modified decision are contemplated in accordance with Article 15(2) *d*) ( decision attached).
  
- This application was completed by the applicant and reviewed by the requesting Central Authority
  
- This application complies with the requirement of the Convention (Article 12(2)). The information contained in this application and the attached documents correspond to and are in conformity with the information and documents provided by the applicant to the requesting Central Authority. The application is forwarded by the Central Authority on behalf of and with the consent of the applicant.

Name : \_\_\_\_\_ (in block letters) Date: \_\_\_\_\_  
Authorised representative of the Central Authority (dd/mm/yyyy)

## Restricted Information on the Applicant

### Application for Modification of a Decision (Article 10(1) e) and f) and (2) a) and b))

**N.B. Information under items 2 d, e, f and g and 5 on this page shall not be disclosed or confirmed in accordance with Article 37**

1. Requesting Central Authority file reference number: \_\_\_\_\_
  
  2. Particulars of the 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: \_\_\_\_\_
  
  5. Payments
    - a. Details for electronic transfer of payments (if applicable)  
Name of the bank: \_\_\_\_\_  
NBIC: \_\_\_\_\_  
SWIFT-address: \_\_\_\_\_  
IBAN: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Name of account holder: \_\_\_\_\_  
Reference: \_\_\_\_\_
    - b. Details for payments by cheques (if applicable)  
Cheque payable to: \_\_\_\_\_  
Cheque to be sent to: \_\_\_\_\_  
(address) \_\_\_\_\_  
Reference: \_\_\_\_\_
- This application was completed by the applicant and reviewed by the requesting Central Authority
- This application complies with the requirement of the Convention (Article 12(2)). The information contained in this application and the attached documents correspond to and are in conformity with the information and documents provided by the applicant to the requesting Central Authority. The application is forwarded by the Central Authority on behalf of and with the consent of the applicant.

Name : \_\_\_\_\_ (in block letters) Date: \_\_\_\_\_  
Authorised representative of the Central Authority (dd/mm/yyyy)

# Status of Application Report – Article 12(4)

(Application for Modification of a Decision – Article 10 (1) e) and f) and (2) a) and b))

## CONFIDENTIALITY AND PERSONAL INFORMATION PROTECTION NOTICE

*Personal information 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 37.*

*A determination of non-disclosure has been made by a Central Authority in accordance with Article 37.*

<b>1. Requested Central Authority</b>  <b>a. Address</b>  <b>b. Telephone number</b>  <b>c. Fax number</b>  <b>d. E-mail</b>  <b>e. Reference number</b>	<b>2. Contact person in Requested State</b>  <b>a. Address (if different)</b>  <b>b. Telephone number (if different)</b>  <b>c. Fax number (if different)</b>  <b>d. E-mail (if different)</b>  <b>e. Language(s)</b>
--	---

**3. File identification**

**a. Requesting Central Authority file reference number:** \_\_\_\_\_

**b. Family name(s) of applicant:** \_\_\_\_\_

**c. Family name(s) of the person(s) for whom maintenance is sought or payable:** \_\_\_\_\_  
\_\_\_\_\_

**d. Family name(s) of debtor:** \_\_\_\_\_

**4. Status of the application for modification of a decision for maintenance in the Requested State**

**a.**  **On** \_\_\_\_\_ **(dd/mm/yyyy) the application has been sent to the competent authority responsible for modification (name)**  
\_\_\_\_\_  
**(address)** \_\_\_\_\_  
**(reference number)** \_\_\_\_\_

**b.**  **On or by** \_\_\_\_\_ **(dd/mm/yyyy) the competent authority is due to issue a decision to modify a decision for maintenance**

- c.  On \_\_\_\_\_ (dd/mm/yyyy) the competent authority issued a decision modifying a decision for maintenance ( decision attached)
- d.  On \_\_\_\_\_ (dd/mm/yyyy) the competent authority has decided against modifying a decision for maintenance ( decision attached;  requirements to appeal attached)
- d.  On \_\_\_\_\_ (dd/mm/yyyy) the  debtor /  creditor has lodged a challenge or an appeal against the decision modifying the decision for maintenance ( permission to appeal attached)
- e.  On \_\_\_\_\_ (dd/mm/yyyy) the decision to modify a decision for maintenance is final
- f.  On \_\_\_\_\_ (dd/mm/yyyy) the decision to modify a decision for maintenance is enforceable
- g.  Application is still pending before the Central Authority
5.  The following steps have been taken (past):
- a.   Debtor /  creditor located
- b.   Debtor /  creditor contacted for settlement
- c.  Voluntary payment secured (no enforcement measures were necessary) ( documentation attached if applicable)
- d.  Information concerning the financial circumstances of the  debtor /  creditor gathered
- e.  Assets of the debtor located
- f.  Enforcement measures initiated
- Wage withholding
- Garnishment from bank account or other sources
- Deductions from social security payments
- Lien on or forced sale of property
- Tax refund withholding
- Withholding or attachment of pension benefits
- Credit bureau reporting
- Denial, suspension or revocation of licenses or passport
- Seizure of lottery or gambling winnings
- Prohibition from leaving the requested State
- Incarceration
- Other: \_\_\_\_\_
- g.  Payments were secured (enforcement measures were necessary)
- h.  Other: \_\_\_\_\_
6.  The following steps are being taken (present):
- a.  Locating the  debtor /  creditor
- b.  Contacting the  debtor /  creditor for settlement
- c.  Securing voluntary payment (no enforcement measures are necessary)
- d.  Gathering of information concerning the financial circumstances of the  debtor /  creditor
- e.  Locating the assets of the debtor
- f.  Initiating enforcement measures
- g.  Securing payments (enforcement measures are necessary)
- h.  Other: \_\_\_\_\_



7.  **The following steps will be taken (future):**
- a.   Debtor /  creditor to be located
  - b.   Debtor /  creditor to be contacted for settlement
  - c.  Voluntary payment to be sought (no enforcement measures will be necessary)
  - d.  Information to be gathered concerning the financial circumstances of the  debtor /  creditor
  - e.  Assets of the debtor to be located
  - f.  Enforcement measures to be initiated
  - g.  Payments to be sought (enforcement measures will be necessary)
  - h.  Other: \_\_\_\_\_
8.  **Please provide the following additional information and / or documentation:**
- \_\_\_\_\_
- \_\_\_\_\_
9.  **The requested Central Authority has refused to process the application for the following reasons:**
- a.  Requesting Central Authority did not produce the additional documents or information within the period provided under Article 12(9)
  - b.  Requirements of the Convention manifestly not fulfilled ( reasons attached)
10.  **The competent authority has refused to modify the decision for the following reasons:**
- a.  Application contrary to Article 15
  - b.  Other requirements of the Convention not fulfilled ( decision attached)
  - c.   Debtor /  creditor not located in the requested State
  - d.  Other: \_\_\_\_\_

Name : \_\_\_\_\_ (in block letters) Date: \_\_\_\_\_  
Authorised representative of the Central Authority (dd/mm/yyyy)

**Annexe E**

**Formulaire relatif à la situation financière**

\* \* \*

**Annex E**

**Financial Circumstances Form**

## Financial Circumstances Form

### CONFIDENTIALITY AND PERSONAL INFORMATION PROTECTION NOTICE

*Personal information 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 37.*

*A determination of non-disclosure has been made by a Central Authority in accordance with Article 37. If this box is ticked, information under items V.D. 2, 4, 6, 8, 10, 12 and 14 and VI.D. 9 and 11 only be provided in the Restricted Information on the Applicant page of this form.*

### I. REFERENCE INFORMATION <sup>1 2</sup>

1. Requesting Central Authority	2. Contact person in Requested State
a. Address	a. Address (if different)
b. Telephone number	b. Telephone number (if different)
c. Fax number	c. Fax number (if different)
d. E-mail	d. E-mail (if different)
e. Reference number	e. Language(s)

3. The applicant, \_\_\_\_\_ (family name(s) and given name(s)), born \_\_\_\_\_ (dd/mm/yyyy), is:  Creditor,  Representative of the person(s) for whom maintenance is sought or payable, or  Debtor

4. This form is being submitted in relation to: (it is possible to check more than one box)

- Establishment of a decision (Art. 10(1) c)  
(Complete all sections)
- Recognition or recognition and enforcement of a decision (Art. 10(1) a)  
(Complete sections III and IV)
- Enforcement of a decision made or recognised in the requested State (Art. 10(1) b)  
(Complete sections III and IV)
- Modification of a decision (Art. 10(1) e) and f) and (2) a) and b))  
(Complete all sections)
- Applying for Legal Assistance (Art. [14(3)] [14 ter])  
(Complete sections II, V, and VI if the applicant is the person identified under II)  
(Complete sections III, V, and VI if the applicant is the person identified under III)

5.  The applicant was entitled to legal assistance in the State of origin ( documentation attached)

<sup>1</sup> When completing the Financial Circumstances Form, you are invited to consult the requested State Country Profile to verify if specific information is required or not.

<sup>2</sup> Sections II to VI should be completed to the best knowledge as far as possible.

**II. GENERAL INFORMATION ABOUT THE CREDITOR OR THE PERSON(S) FOR WHOM MAINTENANCE IS SOUGHT OR PAYABLE (IF KNOWN)**

**A. Information about the creditor or the person(s) for whom maintenance is sought or payable**

1. The creditor or the person for whom maintenance is sought is: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Caretaker other than parent <input type="checkbox"/> Foster care provider <input type="checkbox"/> Both the child and the above person (marked) are considered as creditors <input type="checkbox"/> The child her/himself is the only creditor <input type="checkbox"/> Public body <input type="checkbox"/> Other person (see the Application)	
2. Occupation, trade or profession	
3. Estimated gross monthly earnings (specify currency)	4. Other monthly income (& source) (specify currency)
5. Present marital status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	

**B. Information about creditor’s dependents**

Family name(s) Given name(s)	Age	Relationship to creditor	Subject of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**C. Information about current  spouse or  partner of creditor**

1. Family name(s), given name(s)	2. Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
3. Estimated gross monthly earnings (specify currency)	4. Other monthly income (& source) (specify currency)
5. Spouse or partner of creditor pays child support / maintenance <input type="checkbox"/> voluntarily or <input type="checkbox"/> judicial / administrative decision in the amount of _____ per _____ (specify currency and instalment period). As of _____ (dd/mm/yyyy) the total amount paid is: _____; and the total amount outstanding is: _____ (specify currency).	

**III. GENERAL INFORMATION ABOUT THE DEBTOR (IF KNOWN)**

**A. Information about the debtor**

1. The debtor is: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Caretaker other than parent <input type="checkbox"/> Foster care	
2. Occupation, trade or profession:	
3. Name and address of the employer:	
4. Estimated gross monthly earnings (specify currency)	5. Other monthly income (& source) (specify currency)
6. Present Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	

**B. Information about debtor’s dependents**

Family name(s) Given name(s)	Age	Relationship to debtor	Subject of this application?
1.			<input type="checkbox"/> Yes <input type="checkbox"/> No
2.			<input type="checkbox"/> Yes <input type="checkbox"/> No
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No
4.			<input type="checkbox"/> Yes <input type="checkbox"/> No
5.			<input type="checkbox"/> Yes <input type="checkbox"/> No

**C. Information about current  spouse or  partner of debtor**

1. Family name(s), given name(s)	2. Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
3. Estimated gross monthly earnings (specify currency)	4. Other monthly income (& source) (specify currency)
5. Spouse or partner of creditor pays child support / maintenance <input type="checkbox"/> voluntarily or <input type="checkbox"/> judicial / administrative decision in the amount of _____ per _____ (specify currency and instalment period). As of _____ (dd/mm/yyyy) the total amount paid is: _____; and the total amount outstanding is: _____ (specify currency).	

**IV. ASSETS AND DEBTS OF THE DEBTOR (IF KNOWN)**

Please specify currency used to complete the following tables: \_\_\_\_\_

**A. Value of debtor’s assets**

1. House – Market value: Ownership: <input type="checkbox"/> self <input type="checkbox"/> joint (specify): _____	2. (location and / or registration number)
3. Other real estate – Market value: Ownership: <input type="checkbox"/> self <input type="checkbox"/> joint (specify): _____	4. (location and / or registration number, description)
5. Motor vehicle(s) – Market value: Ownership: <input type="checkbox"/> self <input type="checkbox"/> joint (specify): _____	6. (location and / or registration number, model, year)
7. Caravans/boats – Market value: Ownership: <input type="checkbox"/> self <input type="checkbox"/> joint (specify): _____	8. (location and / or registration number, model, year)
9. Furniture and household effects – Market value: Ownership: <input type="checkbox"/> self <input type="checkbox"/> joint (specify): _____	10. (location and description)
11. Bank account(s)	12. (institution(s) and account number(s))
13. Other assets* – Value :	14. (institution(s) and account number(s))

**B. Value of debtor’s debts**

Creditor	Amount	Payment rate	Encumbered property
1.			
2.			
3.			
4.			

\* Please list specifically each additional item.

**V. FINANCIAL STATEMENT OF THE APPLICANT**

Please specify currency used to complete the following tables: \_\_\_\_\_

**A. Applicant's gross income**

1. <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	Applicant	Applicant's current spouse/partner	Child(ren) for whom maintenance is sought or payable	Other persons for whom maintenance is sought or payable
2. Gross salary (incl. payments in kind)				
3. Income from non-salaried occupations				
4. Pensions, disability pensions, alimonies, allowances, annuities				
5. Unemployment benefits				
6. Income from securities/floating capital				
7. Income from real property				
8. Public assistance				
9. Other sources of income *				
10. TOTAL				

**B. Applicant's income deductions**

1. <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	Applicant	Applicant's current spouse/partner	Child(ren) for whom maintenance is sought or payable	Other persons for whom maintenanc e is sought or payable
2. National/Federal tax				
3. State/Provincial tax				
4. City/Local tax				
5. Insurance premiums				
6. Mandatory pension contributions				
7. Union/professional dues				
8. Other deductions *				
9. TOTAL				

\* Please list specifically each additional item.

**C. Applicant's expenses**

1. <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	<b>Applicant</b>	<b>Applicant's current spouse/partner</b>	<b>Child(ren) for whom maintenance is sought or payable</b>	<b>Other persons for whom maintenance is sought or payable</b>
2. Rent or mortgage				
3. Household costs				
4. Food and house supplies				
5. Clothing				
6. Medical/dental/optical fees				
7. Maintenance paid				
8. Insurance (other than under Part V.B)				
9. Vehicle expenses				
10. Child care				
11. Education for children				
12. Extracurricular activities for children				
13. Yearly savings				
14. Debt-repayment				
15. Other expenses *				
16. TOTAL				

**D. Value of applicant's assets**

1. House – Market value: Ownership: <input type="checkbox"/> self <input type="checkbox"/> joint (specify): _____	2. (location and / or registration number)
3. Other real estate – Market value: Ownership: <input type="checkbox"/> self <input type="checkbox"/> joint (specify): _____	4. (location and / or registration number, description)
5. Motor vehicle(s) – Market value: Ownership: <input type="checkbox"/> self <input type="checkbox"/> joint (specify): _____	6. (location and / or registration number, model, year)
7. Caravans/boats – Market value: Ownership: <input type="checkbox"/> self <input type="checkbox"/> joint (specify): _____	8. (location and / or registration number, model, year)
9. Furniture and household effects – Market value: Ownership: <input type="checkbox"/> self <input type="checkbox"/> joint (specify): _____	10. (location and description)
11. Other assets * – Value:	12. (institutions and account numbers)

\* Please list specifically each additional item.

**E. Value of applicant's debts**

Creditor	Amount	Payment Rate	Encumbered property
1.			
2.			
3.			
4.			

**VI. MEDICAL INSURANCE**

A. Is debtor required by a maintenance decision to provide medical insurance for the child(ren)?

Yes  No

B. Is debtor required by a maintenance decision to provide medical insurance for the creditor?

Yes  No

C. Medical coverage for child(ren) for whom maintenance is sought and/or the creditor is provided by:

**D. Insurance coverage**

Coverage provided by:	For child(ren)	For Creditor	
1. Creditor	<input type="checkbox"/>	<input type="checkbox"/>	9. Creditor's Insurance Company:
2. Debtor	<input type="checkbox"/>	<input type="checkbox"/>	
3. State Medicare	<input type="checkbox"/>	<input type="checkbox"/>	Policy number:
4. Creditor's employer	<input type="checkbox"/>	<input type="checkbox"/>	10. Debtor's Insurance Company:
5. Debtor's employer	<input type="checkbox"/>	<input type="checkbox"/>	Policy number:
6. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	11. Other Insurance Company:
7. Unknown	<input type="checkbox"/>	<input type="checkbox"/>	Policy number:
8. No coverage	<input type="checkbox"/>	<input type="checkbox"/>	

This application was completed by the applicant and reviewed by the requesting Central Authority

This application complies with the requirement of the Convention (Article 12(2)). The information contained in this application and the attached documents correspond to and are in conformity with the information and documents provided by the applicant to the requesting Central Authority. The application is forwarded by the Central Authority on behalf of and with the consent of the applicant.

Name : \_\_\_\_\_ (in block letters) Date: \_\_\_\_\_

Authorised representative of the Central Authority (dd/mm/yyyy)



## Restricted Information on the Applicant

### Financial Circumstances Form

**N.B. Information under items V.D. 2, 4, 6, 8, 10, 12 and 14 and VI.D. 9 and 11 on this page shall not be disclosed or confirmed in accordance with Article 37**

1. Requesting Central Authority file reference number: \_\_\_\_\_

#### V.D. Value of applicant's assets

1. House – Market value: Ownership: <input type="checkbox"/> self <input type="checkbox"/> joint (specify): _____	2. (location and / or registration No)
3. Other real estate – Market value: Ownership: <input type="checkbox"/> self <input type="checkbox"/> joint (specify): _____	4. (location and / or registration No)
5. Motor vehicle(s) – Market value: Ownership: <input type="checkbox"/> self <input type="checkbox"/> joint (specify): _____	6. (location and / or registration No)
7. Caravans/boats – Market value: Ownership: <input type="checkbox"/> self <input type="checkbox"/> joint (specify): _____	8. (location and / or registration No)
9. Furniture and household effects – Market value: Ownership: <input type="checkbox"/> self <input type="checkbox"/> joint (specify): _____	10. (location and description)
11. Bank account(s)	12. (institution(s) and account number(s))
13. Other assets* – Value:	14. (institution(s) and account number(s))

#### VI.D. Insurance coverage

9. Creditor's Insurance Company: Policy number:	11. Other Insurance Company: Policy number:
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- This application was completed by the applicant and reviewed by the requesting Central Authority
- This application complies with the requirement of the Convention (Article 12(2)). The information contained in this application and the attached documents correspond to and are in conformity with the information and documents provided by the applicant to the requesting Central Authority. The application is forwarded by the Central Authority on behalf of and with the consent of the applicant.

Name : \_\_\_\_\_ (in block letters) Date: \_\_\_\_\_

Authorised representative of the Central Authority \_\_\_\_\_ (dd/mm/yyyy)

\* Please list specifically each additional item.