

Application pursuant to the Hague Convention of 25 October 1980 on the Civil Aspects of International Child Abduction

The Norwegian Directorate for Children, Youth and Family Affairs Postboks 2233 3103 Tønsberg NORWAY

Please complete, print out, and sign this form, and forward the original document to The Norwegian Directorate for Children, Youth and Family Affairs, using the contact information provided to the left. You may provide extra information on a separate piece of paper if necessary. For further information on child abduction, please visit our child abduction web site www.government.no/child-abduction.

1. Application for repatriation/access					
Requesting Central Authority		Requested State			
Directorate for Children, Youth and Family Affairs					
Name of child/ren conc	erned	Who will reach the age of 16 on (date)			
Request for return		Request for Access under Article 21			
2. Details of chi	Id/ren and parents				
2.1 Child 1					
Surname		First Names			
Date of Birth	Place of Birth	Nationality			
Country of habitual resi	idence (immediately before removal)				
		Male Female			
Passport No		Identity No			
2.2 Child 2 - if you I	nave more than two children, please pri	nt out and complete more copies of this page			
Surname		First Names			
Date of Birth	Place of Birth	Nationality			
Country of habitual resi	idence (immediately before removal)				
Passport No		Male Female Identity No			
r assport no					
2.3 Mother					
Surname		First Names			
Date of Birth	Place of Birth	Nationality			
		-			
Country of habitual resi	idence	Occupation			
		Identity No			
Passport No					
2.4 Father					
		First Names			
Date of Birth	Place of Birth	Nationality			
Country of habitual residence		Occupation			
Passport No		Identity No			
2.5 Civil status of the parents					
Date and place of marriage		Date and place of divorce			

3. Details of applicant (requesting individual or institution)						
Surname		First Names				
Date of Birth	Place of Birth	Nationality				
Country of habitual residence		Occupation				
Relationship to child						
Contact address		Postcode				
E-mail		elephone No Mobile Telephone No				
Knowledge of language	es					
A. Details of leg	al representative (if any)					
Contact address				Postcode		
E-mail		Telephone No Mobile Te	lephone No	Fax No		
Knowledge of language	es			I		
Please correspond	with me regarding my case	Please correspond with my attorney regarding my case				
	son to have removed/retained/pr	revented contact with ch	ild and c	urrent location		
of child Surname		First Names				
Date of Birth	Place of Birth	Nationality				
Relationship to child		Occupation				
Last known address						
Details of location of cl	nild					
		the set of a state that have the set the set				
Details of other persons who might be able to supply additional information relating to the location of the child						
Knowledge of languages						
6. Civil court proceedings that are concluded or are in progress – in or outside Norway						
7. Re: Request for return						
	nces of the wrongful removal or retention –	including events leading up to t	ne removal/	retention of child		

Proposed arrangements for the return of the child, including information as to where the child shall be returned, whether you are prepared to travel to the country to which the child has been taken to attend a court hearing or to collect the child, and any other remarks.

8. Re: Request for access under Article 21

Factual and legal grounds justifying the application for access

Proposed arrangements for access with your child

9. List of documents attached

Your should include copies of documents proving your child's habitual residence in Norway (for instance school registration records or records from the Norwegian Population Registry), documents proving you have custody of the child (for instance a court order or an agreement relating to custody or access), and photos of the child and the abductor if possible. Any decision or agreement must be forwarded in original or as an authenticated copy. Other documents should also be forwarded in original or as authenticated copy.

10. Applicant's authorization according to Article 28 of the Convention						
I hereby authorize the requested Central Authority, and/or their designated representative, to act on my behalf in connection with this application.						
Date	Full name of applicant (block letters)	Signature				