Application for Establishment of a Decision

(including where necessary the establishment of parentage) $(\Box \text{ Article } 10(1) \ c) \ \Box \text{ Article } 10(1) \ d)$

CONFIDENTIALITY AND PERSONAL DATA PROTECTION NOTICE

Maintenance basis:

☐ affinity (please identify):

parentage

□ marriage

☐ grandparent

other:

Personal data 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 40. A determination of non-disclosure has been made by a Central Authority in accordance with Article 40. If this box is ticked, information under sections 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 Family name(s): Given name(s): Date of birth: _____(dd/mm/yyyy) d. Address: Telephone numbers: f. Fax number: E-mail: g. 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 Parentage is established or presumed

☐ in loco parentis or equivalent relationship

☐ grandchild

☐ analogous relationship to marriage

□ sibling

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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)
		☐ Parentage is established or presumed	
	b.	Maintenance basis: □ parentage □ in loco parentis or equivalent relation Family name(s):	•
		Given name(s):	
		Date of birth:	(dd/mm/yyyy)
		☐ Parentage is established or presumed	
	c.	Maintenance basis: □ parentage □ in loco parentis or equivalent relation Family name(s):	
		Given name(s):	
		Date of birth:	(dd/mm/yyyy)
		☐ Parentage is established or presumed	
		Maintenance basis: □ parentage □ in loco parentis or equivalent relation	ship
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): □ grandparent □ sibling □ grandchild □ other: □	
3.4		Maintenance is sought or payable for additional children or particulars are attached	persons, additional
4.	Partic	ulars (if known) of the debtor (respondent)	
	a.	Family name(s):	
	b.	Given name(s):	
4	c.	Date of birth:	(dd/mm/yyyy)
	d.	Personal identification number: (include name of country or territorial unit that issued the nu	
	e.	Residential address:	-
	f.	Postal address:	

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because of the lack of a basis for recognition and enforcement under		g.	Any other information that may assist with the location of the debtor
a. Details for electronic transfer of payments (if applicable) Name of the bank: NBIC:	5	Down	nonts
Name of the bank: NBIC: ¹ SWIFT-address: IBAN:² Account number: Name of account holder: Reference:³ b. Details for payments by cheques (if applicable) Cheque payable to: Cheque to be sent to: (address) Reference:³ 6. This application is for the establishment of a decision in the requested State where: a.	J.	•	
NBIC: SWIFT-address: IBAN: Account number: Name of account holder: Reference: Reference: Cheque payable to: Cheque to be sent to: (address) Reference: 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 refuse because of the lack of a basis for recognition and enforcement und Article 20 or on the grounds specified in Article 22 b) or (Article 10(1) d)) Support / maintenance sought by the applicant (specify currency for each amount) Support / maintenance Please specify the amount: Frequency of payments def month 3 months 6 months year other (specify): Retroactive support / maintenance Please specify date from which retroactive maintenance is sought: (dd/mm/yyyy) Please specify the amount: Frequency of payments def months 6 month		a.	
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Account number: Name of account holder: Reference: 3 b. Details for payments by cheques (if applicable) Cheque payable to: Cheque to be sent to: (address) Reference: 3 6. This application is for the establishment of a decision in the requested State where: a.			
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Cheque payable to: Cheque to be sent to: (address) Reference: a.			Reference: ³
Cheque to be sent to: (address) Reference: Reference: Cheque to be sent to: (address) Reference: Reference: Cheque to be sent to: (address) Reference: Reference: Cheque to be sent to: (address) Cheque to be sent to: (address) Reference: Cheque to be sent to: (address) Cheque to be sent to adecision in the requested State where: a. Cheque to be sent to: (address) Cheque to be sent to adecision in the requested State where: a. Cheque to be sent to adecision is not possible or is refused to adecision is not possible or is refus		b.	Details for payments by cheques (if applicable)
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This application is for the establishment of a decision in the requested State where: a.			(address)
a.			Reference: ³
Support / maintenance Please specify the amount: Frequency of payments week two weeks month 3 months 6 months year other (specify): Retroactive support / maintenance Please specify date from which retroactive maintenance is sought: (dd/mm/yyyy) Please specify the amount: Frequency of payments week two weeks month 3 months 6 months	6.	a.	there is no existing decision (Article 10(1) c)) 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 20 or on the grounds specified in Article 22 b) or e)
Please specify the amount: Frequency of payments week two weeks month 3 months 6 months year other (specify): Retroactive support / maintenance Please specify date from which retroactive maintenance is sought: (dd/mm/yyyy) Please specify the amount: Frequency of payments week two weeks month 3 months 6 months	7.	Supp	ort / maintenance sought by the applicant ⁴ (specify currency ⁵ for each amount)
Retroactive support / maintenance Please specify date from which retroactive maintenance is sought:(dd/mm/yyyy) Please specify the amount: Frequency of payments week			Please specify the amount: Frequency of payments □ week □ two weeks □ month □ 3 months □ 6 months
week □ two weeks □ month □ 3 months □ 6 months			Retroactive support / maintenance Please specify date from which retroactive maintenance is sought:(dd/mm/yyyy)
			\square week \square two weeks \square month \square 3 months \square 6 months

National Bank Identification Code.

² International Bank Account Number.

³ Where needed to affect payment.

⁴ Complete this section only if required by the requested State.

⁵ Currency should be specified using the ISO code.

Convention on the International Recovery of Child Support and Other Forms of Family Maintenance Other payments, arrangements or conditions Please specify: Please specify the amount: Frequency of payments □ week ☐ two weeks ☐ month □ 3 months □ 6 months □ year □ other (specify): The following document(s) are attached in support of this application: 8. ☐ Birth certificate or equivalent ☐ Acknowledgement of parentage by the debtor ☐ Formal statement providing evidence relating to parentage ☐ Decision of competent authority concerning parentage ☐ Genetic test results ☐ Adoption certificate ☐ Certificate of marriage or similar relationship and date of divorce / ☐ Formal statement providing evidence relating to 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 ☐ Other evidence in accordance with the law of the requested State ☐ Decision of the requested State refusing recognition and enforcement 9. Please initiate enforcement measures once the decision is established 10. Other information: 11. Attestations 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. Date: _ Name: (in block letters) Authorised representative of the Central Authority

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