

Application for Assistance in Child's Return

«Note»

- Before completing this form, please read the ‘Guide to making an Application for Assistance in Child’s Return’ and follow the instructions.
- Please provide as much information as possible.
- Please indicate ☒ in the appropriate boxes.

| 1. Applicant | | | | | | | | | |
|---|--|---|-----------|----------------------------------|----------------------|------------------------------------|------------|---|--|
| Name | English | Last name | | Middle name (if any) | | | First name | | |
| | Japanese (Chinese character, if possible) | Last name | | | First name | | | | |
| | Other language (if any) | Language | Last name | | Middle name (if any) | | First name | | |
| Date of birth | | Day | | Month | | | Year | | |
| Nationality | | | | Occupation | | | | | |
| Relation with the child | | <input type="checkbox"/> Father | | <input type="checkbox"/> Mother | | <input type="checkbox"/> Other () | | | |
| Domicile, residence or location of office | | Country | | Address | | | | | |
| Telephone no. | | Country code + () — (0) — — | | | | | | | |
| Mobile telephone no. | | Country code + () — (0) — — | | | | | | | |
| Fax no. | | Country code + () — (0) — — | | | | | | | |
| E-mail address | | @ | | | | | | | |
| Identity card | | Type of identity card | | Issuing country and organization | | No. | | Expiry date Day Month Year / / | |
| Details of a legal adviser (if you are instructing one in relation to this application) | | | | | | | | | |
| Name | English | Last name | | Middle name (if any) | | | First name | | |
| | Japanese (Chinese character, if possible) | Last name | | | First name | | | | |
| Location of office | | Country | | Address | | | | | |
| Telephone no. | | Country code + () — (0) — — | | | | | | | |
| Fax no. | | Country code + () — (0) — — | | | | | | | |
| E-mail address | | @ | | | | | | | |
| License | | Country | | Type of license | | | | | |
| Preferred contact person with the Central Authority | | <input type="checkbox"/> This legal adviser <input type="checkbox"/> Applicant <input type="checkbox"/> Either one will be fine | | | | | | | |

| 2. Child pertaining to the application | | | | | | |
|--|---|--|----------------------------------|----------------------|---|--|
| Name | English | Last name | | Middle name (if any) | | First name |
| | Japanese (Chinese character, if possible) | Last name | | | First name | |
| | Other language (if any) | Language | Last name | | Middle name (if any) | First name |
| Alias (if any) | | Last name | | | First name | |
| Date of birth | | Day | | Month | | Year |
| Nationality | | | | Sex | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Place of birth (if Japanese, registered domicile) | | Country | | Address | | |
| Habitual residence before removal or retention | | Country | | Address | | |
| | | Length of residence and other relevant information about child's habitual residence | | | | |
| Current domicile or residence (if known) | | Country | | Address | | |
| Telephone no. | | Country code + () — (0) — | | | | |
| Mobile telephone no. | | Country code + () — (0) — | | | | |
| Fax no. | | Country code + () — (0) — | | | | |
| E-mail address | | @ | | | | |
| Passport (Please provide information of all passports possessed.) | | Issuing country | | No. | | Expiry date Day Month Year / / |
| Identity card (only if you cannot provide passport information) | | Type of identity card | Issuing country and organization | | No. | Expiry date Day Month Year / / |
| Description | | Height | Weight | | Color of hair | Color of eyes |
| | | Other | | | | |
| Other useful information to identify the whereabouts | | e.g.: Persons who might be able to provide additional information (name, address, telephone no., e-mail address, relation with the child), school, nursery or hospital where the child may attend or visit, etc. | | | | |

3. Person who is considered to have done a removal or retention of the child

| | | | | |
|--|--|-------------------|--------------------------------------|----------------------|
| Name | English | Last name | Middle name (if any) | First name |
| | Japanese (Chinese character, if possible) | Last name | First name | |
| | Other language (if any) | Language | Last name | Middle name (if any) |
| Alias (if any) | | Last name | First name | |
| Date of birth | | Day | Month | Year |
| Nationality | | Occupation | | |
| Relation with the child | <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other () | | | |
| Place of birth <small>(if Japanese, registered domicile)</small> | Country | Address | | |
| Domicile or residence <small>(if known)</small> | Country | Address | | |
| Telephone no. | Country code + () — (0) — | | | |
| Mobile telephone no. | Country code + () — (0) — | | | |
| Fax no. | Country code + () — (0) — | | | |
| E-mail address | @ | | | |
| Passport <small>(Please provide information of all passports possessed.)</small> | Issuing country | No. | Expiry date Day Month Year / / | |
| Description | Height | Weight | Color of hair | Color of eyes |
| | Other | | | |
| Claim of domestic violence | <input type="checkbox"/> This person is claiming or might claim to be a victim of domestic violence. <input type="checkbox"/> This person is not claiming and will not claim to be a victim of domestic violence. | | | |
| Living with the child | <input type="checkbox"/> This person lives or may live together with the child. <input type="checkbox"/> This person does not live together with the child. | | | |
| Other useful information to identify the whereabouts | e.g.: Persons who might be able to provide additional information (name, address, telephone no., e-mail address, relation with this person), place of work, etc. | | | |

| 4. Necessary matters to clarify that the applicant has the rights of custody with respect to the child under the laws and regulations of the State of habitual residence of the child and that the applicant's rights of custody are breached due to the removal or retention of the child | | | |
|--|--|--------------------------|---------------|
| Explanation to clarify that the applicant has the rights of custody with respect to the child under the laws and regulations of the State of habitual residence of the child | Legal basis: Name of laws and regulations | | Provision no. |
| | Explanation | | |
| Date, place and circumstances of the removal or retention of the child | Date: Day | Month | Year |
| | Place: Country | Name of place or address | |
| | Circumstances | | |
| Circumstances of the breach of applicant's rights of custody | e.g.: Whether the person who is considered to have done a removal or retention of the child or the person who is considered to live together with the child has contacted the applicant, whether he/she has declared his/her intention not to return the child, etc. | | |

| 5. Person who is considered to live together with the child | | | | | | |
|---|---|--|-----------|----------------------|----------------------|--|
| *Please provide information about a person who possibly lives together with the child besides the person who is considered to have done a removal or retention of the child (indicated in 3). | | | | | | |
| Name | English | Last name | | Middle name (if any) | | First name |
| | Japanese (Chinese character, if possible) | Last name | | | First name | |
| | Other language (if any) | Language | Last name | | Middle name (if any) | First name |
| Alias (if any) | | Last name | | | First name | |
| Date of birth | | Day | | Month | | Year |
| Nationality | | | | Occupation | | |
| Relation with the child | | <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other () | | | | |
| Place of birth <small>(if Japanese, registered domicile)</small> | | Country | | Address | | |
| Domicile or residence | | Country | | Address | | |
| Telephone no. | | Country code + () — (0) — — | | | | |
| Mobile telephone no. | | Country code + () — (0) — — | | | | |
| Fax no. | | Country code + () — (0) — — | | | | |
| E-mail address | | @ | | | | |
| Passport <small>(Please provide information of all passports possessed.)</small> | | Issuing country | | No. | | Expiry date Day Month Year / / |
| Description | | Height | | Weight | | Color of hair |
| | | | | | | Color of eyes |
| Claim of domestic violence | | <input type="checkbox"/> This person is claiming or might claim to be a victim of domestic violence. | | | | |
| | | <input type="checkbox"/> This person is not claiming and will not claim to be a victim of domestic violence. | | | | |
| Other useful information to identify the whereabouts | | e.g.: Persons who might be able to provide additional information (name, address, telephone no., e-mail address, relation with this person), place of work, etc. | | | | |

| 5. Person who is considered to live together with the child | | | | | | |
|---|---|--|------------|----------------------|------------|---|
| *Please provide information about a person who possibly lives together with the child besides the person who is considered to have done a removal or retention of the child (indicated in 3). | | | | | | |
| Name | English | Last name | | Middle name (if any) | | First name |
| | Japanese (Chinese character, if possible) | Last name | | | First name | |
| | Other language (if any) | Language | Last name | Middle name (if any) | First name | |
| Alias (if any) | | Last name | | | First name | |
| Date of birth | | Day | | Month | | Year |
| Nationality | | | Occupation | | | |
| Relation with the child | | <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other () | | | | |
| Place of birth <small>(if Japanese, registered domicile)</small> | | Country | | Address | | |
| Domicile or residence | | Country | | Address | | |
| Telephone no. | | Country code + () — (0) — — | | | | |
| Mobile telephone no. | | Country code + () — (0) — — | | | | |
| Fax no. | | Country code + () — (0) — — | | | | |
| E-mail address | | @ | | | | |
| Passport <small>(Please provide information of all passports possessed.)</small> | | Issuing country | | No. | | Expiry date Day Month Year / / |
| Description | | Height | | Weight | | Color of hair |
| | | | | | | Color of eyes |
| Claim of domestic violence | | <input type="checkbox"/> This person is claiming or might claim to be a victim of domestic violence. | | | | |
| | | <input type="checkbox"/> This person is not claiming and will not claim to be a victim of domestic violence. | | | | |
| Other useful information to identify the whereabouts | | e.g.: Persons who might be able to provide additional information (name, address, telephone no., e-mail address, relation with this person), place of work, etc. | | | | |

| 5. Person who is considered to live together with the child | | | | | | |
|---|---|--|------------|----------------------|------------|---|
| *Please provide information about a person who possibly lives together with the child besides the person who is considered to have done a removal or retention of the child (indicated in 3). | | | | | | |
| Name | English | Last name | | Middle name (if any) | | First name |
| | Japanese (Chinese character, if possible) | Last name | | | First name | |
| | Other language (if any) | Language | Last name | Middle name (if any) | First name | |
| Alias (if any) | | Last name | | | First name | |
| Date of birth | | Day | | Month | | Year |
| Nationality | | | Occupation | | | |
| Relation with the child | | <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other () | | | | |
| Place of birth <small>(if Japanese, registered domicile)</small> | | Country | | Address | | |
| Domicile or residence | | Country | | Address | | |
| Telephone no. | | Country code + () — (0) — — | | | | |
| Mobile telephone no. | | Country code + () — (0) — — | | | | |
| Fax no. | | Country code + () — (0) — — | | | | |
| E-mail address | | @ | | | | |
| Passport <small>(Please provide information of all passports possessed.)</small> | | Issuing country | | No. | | Expiry date Day Month Year / / |
| Description | | Height | | Weight | | Color of hair |
| | | | | | | Color of eyes |
| | | Other | | | | |
| Claim of domestic violence | | <input type="checkbox"/> This person is claiming or might claim to be a victim of domestic violence. <input type="checkbox"/> This person is not claiming and will not claim to be a victim of domestic violence. | | | | |
| Other useful information to identify the whereabouts | | e.g.: Persons who might be able to provide additional information (name, address, telephone no., e-mail address, relation with this person), place of work, etc. | | | | |

To Minister for Foreign Affairs of Japan

Day Month Year

The statements in this application and attached documents are true and correct, and

(Please select one of the following.)

- ☐ under the provisions of Article 8 of the Convention on the Civil Aspects of International Child Abduction and Article 4(1) of the Act for Implementation of the Convention on the Civil Aspects of International Child Abduction, I file an application for assistance in realizing the child's return from Japan to a Contracting State other than Japan (assistance in child's return to a foreign State).
- ☐ under the provisions of Article 8 of the Convention on the Civil Aspects of International Child Abduction and Article 11(1) of the Act for Implementation of the Convention on the Civil Aspects of International Child Abduction, I file an application for assistance in realizing the child's return to Japan from a Contracting State other than Japan (assistance in child's return to Japan).