



REGERINGSKANSLIET

Ministry for Foreign Affairs

Please print clearly!

**APPLICATION UNDER THE HAGUE CONVENTION 25 OCTOBER 1980
ON THE CIVIL ASPECTS OF INTERNATIONAL CHILD
ABDUCTION**

Application for **return**
access, in accordance with Article 21

Requesting central authority: Ministry for Foreign Affairs
Sweden

Concerning the child

who turns 16 years of age on

Removed to or retained in
(signatory State)

1. Child (if the application concerns more than one child, please complete a separate application for each child)

Last name			
First name			
Date of birth	Year	Month	Day
Place of birth (town/city and country)			
Nationality/ies			
Sex	Male	Female	
Home address (before removal or retention)			
Passport (number)			
Personal identity number			
Description (please enclose photograph)			

2 Parents

2.1 Mother

Last name			
First name			
Date of birth	Year	Month	Day
Place of birth (town/city and country)			
Nationality/ies			
Home address			
Telephone number			
Email address			
Passport (number)			
Personal identity number			

2.2 Father

Last name			
First name			
Date of birth	Year	Month	Day
Place of birth (town/city and country)			
Nationality/ies			
Home address			
Telephone number			
Email address			
Passport (number)			
Personal identity number			

2.3 Marital status of parents

Married	Unmarried
Date and place of marriage: Please enclose marriage certificate	
Date and place of divorce: Please attach divorce ruling or other certificate of divorce	

2.4 Person(s) with the right of custody

Parents have joint custody	Mother has sole custody	Father has sole custody	Other person with the right of custody
Extract from the population register or judgments, decisions or agreements proving custody <i>must</i> be enclosed			

If another person has the right of custody, state who:

3. Applicant (private individual or authority)

Last name			
First name			
Date of birth	Year	Month	Day
Place of birth (town/city and country)			
Nationality/ies			
Home address			
Telephone number			
Email address			
Passport (number)			
Personal identity number			
Relationship with child			
The applicant would like the central authority to contact the person who has removed or retained the child to try to bring about a voluntary return			
		Yes	No
The applicant would like assistance in finding a legal representative			
		Yes	No
Applicant's languages			

3.1 Applicant's legal representative

Last name
First name
Title

Company name and address
Telephone number
Fax
Email address

Power of attorney *must* be enclosed

3.2 Legal basis for application

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3.3 Legal proceedings

Ongoing civil and criminal proceedings in and outside Sweden
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4. Information about the person who is presumed to have removed or retained the child

Last name			
First name			
Date of birth	Year	Month	Day
Place of birth (town/city and country)			
Nationality/ies			
Home address in Sweden			
Address where the person is presumed to be with the child			
Telephone number (in the country where the person is presumed to be)			
Email address			
Passport (number)			
Personal identity number			
Relationship with child			
Profession			
Description (please enclose photograph)			

4.1 The child's address or other information about the child's presumed whereabouts

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4.2 Time, place, date and other circumstances concerning the removal or retention

Separate description <i>must</i> be enclosed
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4.3 Other people who may be able to provide information about the child's whereabouts

Person 1

Last name
First name
Address
Telephone number
Email address
Relationship (if any) with the child

Person 2 (if there are additional people who may be able to provide information about the child's whereabouts, please enclose their names and addresses separately)

Last name
First name
Address
Telephone number
Email address
Relationship (if any) with the child

5 The child shall be returned to

Last name
First name
Address

5.1 Proposed action to return the child

The applicant is prepared to collect the child themselves	Yes	No
Other action:		

5.2 Other remarks

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6. List of enclosed documents

• Extract from the population register issued by the Swedish Tax Agency (for child and parents) • Copy of judgments, decisions or agreements concerning custody or contact • Description requested under point 4.2 concerning background and circumstances • Power of attorney authorising the Swedish central authority to act • Power of attorney authorising the foreign central authority to act • If the applicant has legal representation, power of attorney for the representative to represent the applicant • Copy of marriage certificate (if applicable) • Copy of divorce ruling (if applicable) • Photograph and description of the child • Photograph and description of the person who removed or is retaining the child
Other: _____
Other: _____

Place

Date

Applicant

Signature

To be sent to:

Utrikesdepartementet
KC
SE-103 39 STOCKHOLM