

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

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 name	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		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 passport possessed)		Issuing country	No.	Expire date Day    Month    Year /       /	
Identity card (Only if you cannot provide passport information)		Type of identity card	Issuing country and organization	No.	Expire date Day    Month    Year /       /
Description		Height	Weight	Color of hair	Color of eyes
		Other			
Other useful information to identify the whereabouts		Ex: 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 child may attend or visit etc.			

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

<b>Name</b>	English	Last name	Middle name(if any)	First name
	Japanese (Chinese character, if possible)	Last name		First name
	Other Language (if any)	Language name	Last name	Middle name(if any)
<b>Alias(if any)</b>	Last name		First name	
<b>Date of birth</b>	Day		Month	Year
<b>Nationality</b>				Occupation
<b>Relation with the child</b>	<input type="checkbox"/> <b>Father</b> <input type="checkbox"/> <b>Mother</b> <input type="checkbox"/> <b>Other (</b> _____ <b>)</b>			
<b>Place of birth</b> (if Japanese, registered domicile)	Country		Address	
<b>Domicile or residence</b>	Country		Address	
<b>Telephone no.</b>	Country code + (      ) – (0)      —      —			
<b>Mobile Telephone no.</b>	Country code + (      ) – (0)      —      —			
<b>Fax no.</b>	Country code + (      ) – (0)      —      —			
<b>E-mail address</b>	@			
<b>Passport</b> <small>(Please provide information of all passport possessed)</small>	Issuing country		No.	Expire date Day      Month      Year /      /
<b>Description</b>	Height		Weight	Color of hair
				Color of eyes
		Other		
<b>Claim to victimhood of domestic violence</b>	<input type="checkbox"/> This person is claiming or might be possible to claim to victimhood of domestic violence. <input type="checkbox"/> This person is not claiming and will not claim to victimhood of domestic violence.			
<b>Live together with the child</b>	<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.			
<b>Other useful information to identify the whereabouts</b>	Ex: Person 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		
Time, place and circumstances of the removal or retention of the child	Time: Day	Month	Year
	Place: Country	Name of place or address	
	Circumstances		
Circumstances of the breach of applicant's rights of custody	Ex: 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 you, 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 have possibility to live together with the child except 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 name	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 (if Japanese, registered domicile)		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 (Please provide information of all passport possessed)		Issuing country		No.		Expire date Day    Month    Year /    /	
Description		Height		Weight		Color of hair	
		Color of eyes		Other			
Claim to victimhood of domestic violence		<input type="checkbox"/> This person is claiming or might be possible to claim to victimhood of domestic violence. <input type="checkbox"/> This person is not claiming and will not claim to victimhood of domestic violence					
Other useful information to identify the whereabouts		Ex: Person who might be able to provide additional information (name, address, telephone no., e-mail addresses, relation with this person) , place of work etc.					

6. Other								
Civil court proceeding	In Japan	Name of court		Case no.				
		Detail						
	Outside Japan	Country	Name of court	Case no.				
		Detail						
Criminal prosecution		<input type="checkbox"/> 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 is criminally prosecuted. (if yes, please provide details)						
		Country						
		Detail						
		<input type="checkbox"/> No criminal prosecution <input type="checkbox"/> Other ( )						
Identification of whereabouts		<input type="checkbox"/> I hope the Central Authority will identify whereabouts of the child and the person who lives together with the child. <input type="checkbox"/> I do not need the Central Authority to identify whereabouts of the child and the person who lives together with the child.						
Central Authority's measures to be taken (only when you apply for assistance in child's return from Japan)		<p>&lt;Multiple choice allowed&gt;</p> <input type="checkbox"/> (1) To realize the return of child based on an agreement, I hope the Central Authority will contact with the person who lives with the child and take necessary measures, such as facilitating the discussion. <input type="checkbox"/> (2) To realize the return of child through the judicial process, I request the Minister for Foreign Affairs disclose the name of the person who lives together with the child in case whereabouts of them are identified. (if you chose only (2), please indicate either of the following) <table style="margin-left: 20px;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td><input type="checkbox"/> To the extent necessary to identify whereabouts of them, the Central Authority afford to contact with the person who lives with the child.</td> </tr> <tr> <td></td> <td><input type="checkbox"/> I hope the Central Authority will not contact with the person who lives with the child.</td> </tr> </table>			{	<input type="checkbox"/> To the extent necessary to identify whereabouts of them, the Central Authority afford to contact with the person who lives with the child.		<input type="checkbox"/> I hope the Central Authority will not contact with the person who lives with the child.
{	<input type="checkbox"/> To the extent necessary to identify whereabouts of them, the Central Authority afford to contact with the person who lives with the child.							
	<input type="checkbox"/> I hope the Central Authority will not contact with the person who lives with the child.							
Other request for the Central Authority								

To Minister for Foreign Affairs of Japan

Day                      Month                      Year

The statement in this application and attached documents is true and correct, and

(Please indicate whether you are applying for return to Foreign State or to Japan)

- under the provision 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 submit an application for assistance in child's return from Japan to other foreign member state of the Convention (assistance in child's return to foreign state).
- under the provision 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 submit an application for assistance in child's return from other foreign member state of the Convention to Japan (assistance in child's return to Japan).

Signature of Applicant

(Please sign in applicant's own hand)