## Application for Assistance in Visitation or Contacts with Child

## $\ll$ Note $\gg$

- > Before completing this form, please read the 'Guide to making an application for assistance in visitation or contacts with child' and follow the instructions.
- > Please provide as much information as possible.
- $\triangleright$  Please indicate  $\square$  in the appropriate boxes.

1. App	licant								
	English	Last name		Middle name(if any)			First name		
Name	Japanese (Chinese character. if possible)	Last name		First name					
	Other Language (if any)	Language name Last na		ame	me Middle name(if		any) First name		
Date	of birth	Day		Month			Year		
Natio	onality			Occu	ıpa	tion			
Relation w	vith the child	☐ Father	Mot	ther	Ot	ther (		)	
Domicile or residence		Country	Address	3					
Telephone no.		Country code + ( ) - (0)							
Mobile telephone no.		Country code + ( ) - (0)							
Fax no.		Country code + ( ) - (0)							
E-mail	address	@							
Ident	ity card	Type of identity card Issuing country and		ntry and organization	ry and organization No.			Expire date Day Month Year / /	
Details	of your le	gal adviser (if you a	re instr	ructing one in	n r	elation to this	applica	ation)	
Name	English	Last name	ast name Middle name(if a			ny)	First na	me	
Name	Japanese (Chinese character. if possible)	Last Name		rst Name					
Location of office		Country	Address	3					
Telephone no.		Country code + ( ) - (0)							
Fax no.		Country code + ( ) - (0)							
E-mail address				(	<u>a</u>				
Lic	ense	Country	Type of	license					
Preferred contact person with the Central Authority		☐ This legal advis	er	Applica	ant	Eit	her one	will be fine	

2. Child pertaining to the application									
	English	Last name		Middle name(if any)			First name		
Name	Japanese (Chinese character. if possible)	Last name		First name					
	Other Language (if any)	Language name	Last na	ame		Middle name(if any)		First name	
Alias(if any)		Last name		First name					
Date	of birth	Day		Month			Year		
Natio	onality				Sex		Male	☐ Female	
Place of birth (if Japanese, registered domicile)		Country	Country Address						
Habitual residence immediately before the visitation or		Country	Address						
other contacts became unable to be made		Length of residence and other relevant information about child's habitual residence							
Current domicile or residence		Country Address							
Telepl	none no.	Country Code + ( ) - (0)							
	obile none no.	Country Code + ( ) -	(0)		_	-	_		
Fa	x no.	Country Code + ( ) - (0)							
E-mail	laddress	@							
(Please prov	ssport ide information ort possessed)	Issuing country		No.			Expire of Day	date Month Year / /	
(Only if you	ity card cannot provide information)	Type of identity card	Issuing cou	ntry and organizati	ion No.			Expire date Day Month Year / /	
Description		Height	Weight		Color of hair			Color of eyes	
Other useful information to identify the location		Ex: Persons who might address, relation with						ress, telephone no., e-mail attend or visit etc.	

3. Person who is considered to be interfering with the visitation or contact with the child								act with the child		
	English	Last name		Middle nam	Middle name(if any)			First name		
Name	Japanese (Chinese character. if possible)	Last name		First name						
	Other Language (if any)	Language name	Last na	ame		Middle name(if	any)	First name		
Alias(if any)		Last name		First name						
Date	of birth	Day		Month			Year			
Natio	onality			Occ	upa	tion				
Relation w	vith the child	☐ Father [	Mot	her	] Ot	ther (		)		
	of birth se, registered	Country	Country Address							
Current domicile or residence		Country Address								
Telephone no.		+ ( Country code								
Mobile Telephone no.		Country code + ( ) - (0)								
Fax no.		Country code + ( ) - (0)								
E-mail	address				<u>a</u>					
(Please prov	sport ide information ort possessed)	Issuing country		No.			Expire da Day	ate Month Year / /		
		Height	Weight			Color of hair		Color of eyes		
Description		Other								
	victimhood tic violence	☐ This person is claiming or might be possible to claim to victimhood of domestic violence. ☐ This person is not claiming and will not claim to victimhood of domestic violence.								
Live together with the child.  This person lives or may live together with the child.  This person does not live together with the child.										
inform ident	r useful nation to cify the ation	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.  useful tion to by the								

4. Necessary matters to clarify that the applicant is entitled to visitation or other contacts with the child under the laws and regulations of the state or territory where the child held his/her habitual residence immediately before the visitation or other contacts with the child became unable to be made and that the visitation or other contacts with the child by applicant has been interfered								
Explanation to clarify that the	Legal basis: name of laws and regul	ations	Provision no.					
applicant is entitled to visitation or other contacts with the child under the laws and regulations of the state or territory where the child held his/her habitual residence immediately before the visitation or other contacts with the child became unable to be made	Explanation							
	Time: Day	Month		Year				
	Place: Country	Name of place	e or address					
Time, place and circumstances that the visitation or other contacts with the child became unable to be made	Circumstances							
Circumstances that the visitation or other contacts with the child by applicant has been interfered	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 be interfering with the visitation or contacts with the child(indicated in 3)									
per	son who is								
	English				Middle name(if any)			This name	
Name	Japanese (Chinese character. if possible)	Last name			First name				
	Other Language (if any)	Language name	name Last name			Middle name(if any)		First name	
Alias	(if any)	Last name			First name				
Date	of birth	Day		Month			Year		
Natio	onality			Occ	eupa	tion			
Relation w	rith the child	☐ Father [	Mot	her	Ot	ther (		)	
	of birth se, registered	Country	Addres	ss					
Current domicile or residence		Country Address							
Telephone no.		+ ( Country code							
	obile none no.	Country code + ( ) —	(0)	-	_	-	_		
Fa	x no.	+ ( Country code							
E-mail	address			1	<u>a</u>				
(Please provi	ssport ide information ort possessed)	Issuing country		No.	Expire Day			date Month Year / /	
		Height	Weight		Color of hair			Color of eyes	
Descr	ription	Other	<u> </u>						
Claim to victimhood of domestic violence  This person is claiming or might be possible to claim to victimhood of domestic violence.  This person is not claiming and will not claim to victimhood of domestic violence.									
Other useful information to identify the location							ress, telephone no., e-mail		

6. Other							
		Nam	ne of court		Case no.		
	In Japan	Deta	il				
Civil court proceeding		Cour	ntry	Name of court		Case no.	
	Outside Japan	Deta	il				
				person who is	considered to	with the visitation or contact live together with the child is ails)	
			Country				
Criminal prosecution			Detail				
		<ul><li>□ No criminal prosecution</li><li>□ Other (</li></ul>					
Identification of whereabouts of the child and the person who lives together with the child		<ul> <li>I hope the Central Authority will identify whereabouts of the child and the person who lives together with the child.</li> <li>I do not need the Central Authority to identify whereabouts of the child and the person who lives together with the child.</li> </ul>					
Central Authority's measures to be taken (only when you apply for assistance in visitation or other contacts with the child in Japan)		<ul> <li><multiple allowed="" choice=""> <ul> <li>□ (1) To realize the visitation or other contacts with the 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.</li> <li>□ (2) To realize the visitation or other contacts with the 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.</li> </ul> </multiple></li> <li>(If you chose only (2), please indicate either of the following)         <ul> <li>□ To the extent necessary to identify their location, the Central Authority affords to contact with the person who lives with the child.</li> <li>□ I hope the Central Authority will not contact with the person who lives with the child.</li> </ul> </li> </ul>					
Other request for the Central Authority							

To Minister for Foreign Affairs of Japan									
	Day	Month	Year						
The statement in this application and attached	ed documents i	s true and corre	et, and						
(Please indicate whether you are applying for	visitation or c	ontact with the	child in Japan or in a						
Contracting State other than Japan)									
<u>-</u>	under the provision of Article 21 of the Convention on the Civil Aspects of International								
Child Abduction and Article 16(1) of th	_								
Civil Aspects of International Child			·						
visitation or other contacts with the chil	<u>d in Japan</u> (As	sistance in Visit	ation or Contact with						
Child in Japan).									
under the provision of Article 21 of th	o Convention o	on the Civil Acn	cots of International						
Child Abduction and Article 21(1) of th		_							
Civil Aspects of International Child	_								
visitation or other contacts with the									
(Assistance in Visitation or Contact with			o omer man oupan						
, , , , , , , , , , , , , , , , , , , ,		9,							
Signature of A	Applicant								
	(Plea	ase sign in applic	ant's own hand)						