

C53

Applications – 1980 Hague Convention Cases

To be completed by the court

Name of court

Date issued

Case number

- If you do not complete every question (or state if it does not apply), your case could be delayed, as the court will have to ask you to provide the additional information required.
- If there is not enough space please attach separate sheets, clearly showing the details of the children, parties, question and page number they refer to.

1. Summary of application

Your name (the applicant(s))

The respondent's name(s)

Please list the name(s) of the child(ren) and the type(s) of order you are applying for, starting with the oldest.

Child 1 Full name & nationality of child	Date of birth	Gender	Order(s) applied for
	DD / MM / YYYY	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Relationship to applicant(s)	Relationship to respondent(s)

Child 2 Full name & nationality of child	Date of birth	Gender	Order(s) applied for
	DD / MM / YYYY	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Relationship to applicant(s)	Relationship to respondent(s)

Child 3 Full name & nationality of child	Date of birth	Gender	Order(s) applied for
	DD / MM / YYYY	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Relationship to applicant(s)	Relationship to respondent(s)

2. About the Applicant and the Respondent

	Applicant (You)	Respondent
Full names	<input type="text"/>	<input type="text"/>
Previous names (if any)	<input type="text"/>	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth	<input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YYYY	<input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YYYY
Place of birth (town/county/country)	<input type="text"/>	<input type="text"/>
Address	If you do not wish your address to be made known to the respondent, leave the details below blank and complete Confidential contact details Form C8.	
	<input type="text"/>	<input type="text"/>
	Postcode <input type="text"/> <input type="text"/>	Postcode <input type="text"/> <input type="text"/>
Home telephone number	<input type="text"/>	<input type="text"/>
Mobile telephone number	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>
Have you/ the respondent lived at this address for	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If No, please provide details of all previous addresses you have lived at for the last 5 years.	
	<input type="text"/>	<input type="text"/>

3. Attorney's details

Do you have an attorney?

☐ Yes

☐ No

If Yes, please give the following details

Your attorney's name

Name of firm

Address

Postcode

Telephone number

Fax number

P.B

Attorney's Reference

Email address

4. The child(ren)

Are any of the children known to the Department of Children and Family Services?

☐ Yes ☐ No ☐ Don't know

If Yes please state which child and the name of the Social worker (if known)

Are any of the children the subject of a child protection plan

☐ Yes ☐ No ☐ Don't know

Do all the children share the same parents?

☐ Yes ☐ No

If Yes, what are the name of the parents?

If No, please give details of each parent and their children involved in this application

Please state everyone who has parental responsibility for each child and how they have parental responsibility (e.g. 'child's mother', 'child's father and was married to the mother when the child was born' etc.)

Who do the children currently live with?

☐ Applicant(s) ☐ Respondent(s) ☐ Other

Child(dren)s address (if known)

Any other information about the child's whereabouts or suspected whereabouts and details of who the child is presumed to be with. If you do not know where the child is then you must take this

5. About your application?

What you want the court to do?

Do not give a full statement, please provide a summary. You may be asked to provide a full statement later.

6. Why are you making this application?

☐☐☐☐

Please give brief details about why you are making this application, including any facts you are relying on. In particular, you should provide details of your 'rights of custody' in relation to each child listed in section 1 under the 1980 Hague Convention, if appropriate.

7. Risk

Do you believe that the child(ren) named at Section I have experienced or are at risk of experiencing harm from any of the following by any person who has had contact with the child?

any form of domestic abuse/violence ☐ Yes ☐ No

child abduction ☐ Yes ☐ No

child abuse ☐ Yes ☐ No

drugs, alcohol or substance abuse ☐ Yes ☐ No

other safety or welfare concerns ☐ Yes ☐ No

8. Other court cases which concern the child(ren) listed on page 1

Are you aware of any other court cases now, or at any time in the past, which concern any of the child(ren) at Section 1?

☐ Yes If Yes, please attach a copy of any relevant order, and completed the details of the social worker officer and child's attorney below. If you do not have a copy of the order please complete all the additional details below.

☐ No If No, please go to Section 9

Additional details

Name of child(ren)

[illegible]

Name of the court where
proceedings heard

Case no.

Date/year (if known)

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

Name and office (if known) of
social worker

Name and address of child's
attorney, if known

Postcode

Postcode

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If the above details are different for each child please provide details on additional sheets.

Please tick if additional
sheets are attached.

9

9. Attending the court

If you require an interpreter, you must tell the court now so that one can be arranged.

Do you or any of the parties need an interpreter at court?

☐ Yes

☐ No

If Yes, please specify the language and dialect:

If attending the court, do you or any of the parties involved have a disability for which you require special assistance or special facilities?

☐ Yes

☐ No

If Yes, please say what the needs are

Please say whether the court needs to make any special arrangements for you to attend court (e.g. providing you with a separate waiting room from the respondent or other security provisions).

Court staff may get in touch with you about the requirements

10. Statement of truth

***[I believe] [The applicant/respondent believes] that the facts stated in this application are true.**

*delete as appropriate

***I am duly authorised by the applicant/respondent to sign this statement.**

Print full name

Name of applicant attorneys firm

Signed

Dated

(Applicant) (Applicant's attorney)

Position or office held
(If signing on behalf of firm or company)

Proceedings for contempt of court may be brought against a person who makes or causes to be made, a false statement in a document verified by a statement of truth.

continued over the page ➡

What to do now

- ☐ You **must** attach **one** of the following documents:-
 - ☐ A certified copy of the entry in the Adopted Children's Register; or
 - ☐ A certified copy of a full birth certificate that gives details of the child's mother and father.

- ☐ You may also attach: -

- ☐ A certificate or an affidavit emanating from the
- ☐ Central Authority or other competent authority emanating from the State of the child's habitual
- ☐ residence, or from a qualified person, concerning the relevant law of that State.

- ☐ Any other relevant documents

To the Respondent – TAKE NOTICE that-

- (1) You must within 14 days of service of this application filed in the above mentioned court, a notice stating your address and the whereabouts of the child (or that you are unaware of the child's whereabouts if that is the case)
- (2) Unless the court directs otherwise, you must serve a copy of that notice on the Applicant.