

Request for Assistance in Organizing or Securing the Exercise of Rights of Access

Hague Convention on the Civil Aspects of International Child Abduction

Addressed to

REQUESTED AUTHORITY

CONCERNS THE FOLLOWING CHILD OR CHILDREN

Surname and first name(s)	who will attain the age of 16 on Y M D
Surname and first name(s)	who will attain the age of 16 on Y M D

Note: The following particulars should be completed insofar as possible.
If the provided spaces are insufficient, you may attach supplementary sheets.

1. IDENTITY OF THE CHILD OR CHILDREN

Surname and first name(s)	Date of birth (If known) Y M D 		
Place of birth (If known)	Nationality		
Habitual residence			
Social insurance number	Passport (Country, No.) (If any)		
Height	Weight	Colour of hair	Colour of eyes
Description			<input type="checkbox"/> Photography attached

Surname and first name(s)	Date of birth (If known) Y M D 		
Place of birth (If known)	Nationality		
Habitual residence			
Social insurance number	Passport (Country, No.) (If any)		
Height	Weight	Colour of hair	Colour of eyes
Description			<input type="checkbox"/> Photography attached

2. IDENTITY OF PARENTS

MOTHER	Surname and first name(s)		Date of birth			Y	M	D
	Place of birth		Nationality					
	Occupation		Telephone number		Regional Code			
	Habitual address							
	Social insurance number				Passport (Country, No.) (If any)			
	Country of habitual residence				Province (If any)			
FATHER	Surname and first name(s)		Date of birth			Y	M	D
	Place of birth		Nationality					
	Occupation		Telephone number		Regional Code			
	Habitual address							
	Social insurance number				Passport (Country, No.) (If any)			
	Country of habitual residence				Province (If any)			
Date of marriage of parents (If any)			Y	M	D	Place of marriage		

3. REQUESTING INDIVIDUAL

Surname and first name(s)							
Nationality (If individual applicant)							
Occupation (If individual applicant)							
Address							
Telephone number		Regional Code		Passport (Country, No.) (If any)			
Country of habitual residence				Province (If any)			
Relation to the child <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other Specify :							
Name and address of legal adviser (If any)							

4. INFORMATION CONCERNING THE PERSON EXERCISING CUSTODY OR HAVING THE CARE AND CONTROL OF THE CHILD

Surname and first name(s)		Date of birth (If known)			Y	M	D
Place of birth (If known)		Nationality (If known)					
Last known address		Occupation					
Name and address of employer							
Social insurance number			Passport (Country, No.) (If any)				
Height	Weight	Colour of hair		Colour of eyes			
Description						<input type="checkbox"/> Photography attached	

5. PLACE WHERE THE CHILD RESIDES

Place where child is thought to be
All information available which might be of help in locating to the whereabouts of the child (Ex.: names of persons, facts, etc.)

6. FACTUAL OR LEGAL GROUNDS JUSTIFYING THE REQUEST

<input type="checkbox"/> Court decision	<input type="checkbox"/> Operation of law	<input type="checkbox"/> Agreement
Comments		

7. CIVIL PROCEEDINGS IN PROGRESS

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8. PROPOSED ARRANGEMENT FOR EXERSING RIGHTS OF ACCESS (TIMES, DATES, PLACES, TERMS AND CONDITIONS OF TRANSPORTATION AND PAIEMENT, ETC.)

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9. LIST OF DOCUMENTS ATTACHED

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Signed at	Date Y M D
Signature and / or stamp of the requesting Central Authority or applicant	

Authorization to act

Hague Convention on the Civil Aspects of International Child Abduction (Article 28)

I, the undersigned _____, authorize the requested Central Authority to act on my behalf or to designate a representative to do so.

I also authorize the Central Authority for Québec to release, for the purposes of this Hague Convention, the personal information provided in connection with this application.

Place _____ date _____

Signature