

REQUEST FOR RETURN

The 1980 European Convention on recognition and enforcement of decisions concerning custody of children and on restoration of custody of children

Requesting Central Authority
or applicant:

Requested Central Authority:

Concerns the child: _____
who will attain the age of 16 on: _____

I IDENTITY OF THE CHILD AND ITS PARENTS

Child:

- surname and first names: _____
- sex: female/____ / male/____ /
- date and place of birth: _____
- habitual residence before removal or retention: _____
- passport or identity card no, if any: _____
- description and photo, if possible: _____

Parents:

Mother:

- surname and first names: _____
- date and place of birth: _____
- nationality: _____
- occupation: _____
- habitual residence: _____
- phone number, if any: _____
- passport or identity card no, if any: _____

Father:

- surname and first names: _____
- date and place of birth: _____
- nationality: _____
- occupation: _____
- habitual residence: _____
- phone number, if any: _____
- passport or identity card no, if any: _____

Date and place of marriage: _____

Date and place of any divorce decision: _____

II REQUESTING INDIVIDUAL

- surname and first names: _____
- nationality of applicant: _____
- occupation: _____
- address: _____
- passport or identity card no, if any: _____
- relation to the child: _____
- name and address of legal adviser,
if any: _____

III PLACE WHERE CHILD IS THOUGHT TO BE

Information concerning the person with which the child has its habitual residence:

- surname and first names: _____
- date and place of birth, if known: _____
- nationality if known: _____
- occupation: _____
- last known address: _____
- passport or identity card no, if any: _____

- description and photo, if possible: _____

If applicable, other persons who might be able to supply additional information relating to the whereabouts of the child: _____

IV TIME, PLACE, DATE AND CIRCUMSTANCES OF THE WRONGFUL REMOVAL OR RETENTION:

**V FACTUAL AND LEGAL GROUNDS JUSTIFYING THE REQUEST:
(E.G. A COURT DECISION)**

VIII OTHER REMARKS

IX LIST OF DOCUMENTS ATTACHED

X AUTHORIZATION	
<i>I authorize the Icelandic Central Authority and the requested foreign Central Authority to act on my behalf or to designate another representative so to act as regards my request for the return of the child to Iceland</i>	
Full name of the applicant	

Place and date

Signature of the applicant