

## Province of British Columbia, Canada

## APPLICATION UNDER THE HAGUE CONVENTION ON THE CIVIL ASPECTS OF INTERNATIONAL CHILD ABDUCTION

## FILL OUT ALL INFORMATION Provide information below to the extent it is available

Attach additional pages if necessary to provide all of your information

This is an application for (choose one): Return Access of / to the child(ren) listed below.

I. FIRST CHILD SUBJE	CT OF APPLICATION (if	more than one child p	please see page 4)	
Child's name (Last, First, Middle)		Date of Birth	Place of Birth	
Address (at time of removal	/ retention or denial of	Canadian SIN	Passport #	
access)			·	
Address of child's current lo	ocation	Telephone number	Citizenship	
/ taurous or orma s carrons is		Totophono nambor	- Citizenemp	
Height	Weight	Hair Colour	Eye Colour	
Name of child's Mother if no	t listed in Parts II or III	Name of child's Father if	f not listed in Parts II or III	
II. APPLICANT (PERSO	N SEEKING RETURN O	F / ACCESS TO CHILD	(REN))	
Name (Last, First, Middle)		Date of Birth	Place of Birth	
(,,,				
Relationship to Children	Citizenship(s)	Canadian SIN	Passport	
	,		Country:	
			Country.	
			Number:	
Current address, telephone	number, and email address	Occupation		
Name, Address, and Telephone Number of Legal Advisor in British Columbia, if any				

III. PERSON ALLEGED TO HAVE WRONGFULLY REMOVED OR RETAINED THE CHILD(REN), OR WHO DENIED ACCESS TO THE CHILD(REN)					
Name (Last, First, Middle)	, ,	Date of Birth	Place of Birth		
Relationship to Children	Citizenship(s)	Canadian SIN	Passport		
			Country:		
Occupation, Name & Address	of Employer (if known)	Known Aliases	Number:		
Current address, telephone nu	umber, and email address				
Height	Weight	Hair Colour	Eye Colour		
OF ACCESS			UL REMOVAL / RETENTION OR DENIAL		
When and how was the child r	emoved or retained, or acce	ess denied? Tell your sto	ry fully (attach additional pages if necessary).		
V. FACTUAL AND LEGA	L JUSTIFICATION FOR	R THE REQUEST			
For return applications - provide details to establish the child's place of habitual residence; and provide information and documents to establish that you had and were exercising a right of custody at the time of the removal or retention. For return and access applications – provide copies of any relevant court orders and/or agreements.					
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Suppor	ting Documentation (Please check applicable boxes and at	tach documents)			
	British Columbia law/statute in force at time of alleged re	emoval / retention			
	Court Order in effect at time of alleged removal / retention or denial of access				
	Legally binding Agreement				
	Recent photos of child and other parent				
	Child's Birth Certificate (required)				
	Other:		_		
If yes, p	il court proceedings currently in progress? Yes No please provide details:  OPOSED ARRANGEMENTS FOR RETURN TRA	VEL OF CHILD(REN), O	OR PROPOSED ACCESS		
VII. 0					
	THER PERSONS WITH ADDITIONAL INFORMAT D(REN) Preferably, in country of child's currer		E WHEREABOUTS OF THE		
Name:	(N) I i con allo, i i con allo, i con a con	Name:			
Addres	s:	Address:			
Telepho	one number:	Telephone number:			
Email a	address: Email address:				
Name:		Name:			
Addres	s:	Address:			
Telepho	one number:	Telephone number:			
Email a	ddress:	Email address:			
VIII. O	THER RELEVANT INFORMATION				
Signa	ture of Applicant		Date		

SECOND CHILD SUBJECT OF APPLICATION					
Child's name (Last, First, Middle)		Date of Birth	Place of Birth		
Address (at time of rem	noval/refusal of access)	Canadian SIN	Passport #		
,	,				
Address of child's curre	ent location	Telephone number	Citizenship		
Height	Weight	Hair Colour	Eye Colour		
Name of child's Mother	if not listed in Parts II or III	Name of child's Father if n	ot listed in Parts II or III		
	JECT OF APPLICATION	Data of Birth	Discount District		
Child's name (Last, Firs	st, Middle)	Date of Birth	Place of Birth		
Address (at time of rem	oval/refusal of access)	Canadian SIN	Passport #		
Address of child's curre	ent location	Telephone number	Citizenship		
Height	Weight	Hair Colour	Eye Colour		
rieigin	Weight	Hair Obloci	Lyc colour		
Name of child's Mother	if not listed in Parts II or III	Name of child's Father if n	ot listed in Parts II or III		
FOURTH CHILD SU	JBJECT OF APPLICATION	N			
Child's name (Last, Firs	st, Middle)	Date of Birth	Place of Birth		
Address (at time of rem	noval/refusal of access)	Canadian SIN	Passport #		
(a	,				
Address of child's curre	ent location	Telephone number	Citizenship		
Height	Weight	Hair Colour	Eye Colour		
Name of child's Mother	if not listed in Parts II or III	Name of child's Father if n	ot listed in Parts II or III		