



REQUEST FOR RETURN OF CHILD*

**The Hague Convention on the Civil Aspects of International Child Abduction
Child Abduction and Custody Ordinance (Cap. 512) (Laws of Hong Kong)**

**Application for assistance in securing the return of a child to his/her place of habitual
residence under Article 8 of the Hague Convention**

concerning the following child: _____

who will attain the age of 16 on (date): _____ (dd/mm/yyyy)

REQUESTING AUTHORITY / APPLICANT: _____

REQUESTED COUNTRY / PLACE: _____

NOTE : The following particulars should be completed insofar as possible.

SECTION I - IDENTITY OF THE CHILD AND HIS/HER PARENTS

(1) CHILD

(Please use a separate sheet if more than one Child)

Family name, first name(s) and alias	
Sex (male/female)	
Date of birth	(dd/mm/yyyy)
Place of birth	
Nationality	
Identity and travel document(s) and number(s) thereof (if applicable)	

* A "Request for Return of Child" Form should be completed in English (Form DJ-C30(E)) or Chinese (Form DJ-C30(C)). These two languages are the official languages of Hong Kong. Any communication or document sent to the Central Authority of the Hong Kong Special Administrative Region of the People's Republic of China ("Hong Kong") that is not in English or Chinese should be accompanied by an English or Chinese translation or only where that is not feasible, a French translation. However, if communications or documents in French are sent, it may take longer for us to process your application due to the need to have them translated.

Description e.g., weight, height, colour of hair etc. Attach photo(s) if any	
Language(s)	
Address of habitual residence immediately before removal or retention	

(2) PARENTS**2.1 Mother**

Family name, first name(s) and alias	
Date of birth	(dd/mm/yyyy)
Place of birth	
Nationality	
Identity and travel document(s) and number(s) thereof	
Occupation, name and address of employer (if applicable)	
Address	
Telephone number(s)	Home: Office: Mobile:
Fax number(s)	
E-mail address(es)	
Language(s)	

2.2 Father

Family name, first name(s) and alias	
Date of birth	(dd/mm/yyyy)
Place of birth	
Nationality	
Identity and travel document(s) and number(s) thereof	
Occupation, name and address of employer (if applicable)	

Address	
Telephone number(s)	Home: Office: Mobile:
Fax number(s)	
E-mail address(es)	
Language(s)	

2.3 Marriage of the Mother and Father (if applicable)

Date of marriage	(dd/mm/yyyy)
Place of marriage	
Date of divorce (if applicable)	(dd/mm/yyyy)
Place of divorce (if applicable)	
Are there ongoing divorce proceedings or other legal proceedings relating to the Child?	<input type="checkbox"/> Yes <input type="checkbox"/> No If the answer is YES, please provide more details in Section VII

SECTION II - REQUESTING INDIVIDUAL OR INSTITUTION (“APPLICANT”)

(Please use a separate sheet if more than one Applicant)

Family name, first name(s) and alias of individual OR name of institution	
Relation to the Child (e.g., Mother, Father, or other)	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (please specify) _____
Name and contact details of legal adviser (if applicable)	
<i>IF THE APPLICANT IS THE MOTHER OR FATHER OF THE CHILD, PLEASE GO TO SECTION III</i>	
Date of birth	(dd/mm/yyyy)
Place of birth	
Nationality	
Identity and travel document(s) and number(s) thereof	
Address (If an institution, please also provide name of contact person)	

Telephone number(s)	Home: Office: Mobile:
Fax number(s)	
E-mail address(es)	
Occupation, name and address of employer (if applicable)	
Language(s)	

SECTION III - PLACE WHERE THE CHILD IS THOUGHT TO BE, ETC.

(1) Information concerning the person thought to be with the Child

(Please use a separate sheet if more than one person)

Family name, first name(s) and alias	
Relation to the Child (e.g., Mother, Father, or other)	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (please specify) _____
Description e.g., weight, height, colour of hair etc. Attach photos, if any	
<i>IF THE PERSON IS THE MOTHER OR FATHER OF THE CHILD, PLEASE GO TO (2) OF THIS SECTION III</i>	
Date of birth	(dd/mm/yyyy)
Place of birth	
Nationality (if applicable)	
Identity and travel document(s) and number(s) thereof	
Address	
Telephone number(s)	Home: Office: Mobile:
Fax number(s)	
E-mail address(es)	
Occupation, name and address of employer (if applicable)	
Language(s)	

(2) Present status and whereabouts of the Child / the person thought to be with the Child

(Please provide additional details of the current whereabouts of the Child and/or the person thought to be with the Child e.g. address, tel. and fax numbers, e-mail address, etc., if known, and include any special remarks. Continue on a separate sheet if necessary.)

(3) Other person(s) who might be able to supply additional information concerning the present status and whereabouts of the Child (if applicable)

Do you have any objection if the authorities approach such person(s) to obtain information?
 Yes No

SECTION IV – RESIDENCE OF THE CHILD BEFORE WRONGFUL REMOVAL OR RETENTION

(e.g. who has the Child been living with since birth? In which country(ies) and during which years?)

SECTION V - TIME, PLACE, DATE AND CIRCUMSTANCES OF THE WRONGFUL REMOVAL OR RETENTION

SECTION VI – FACTUAL / LEGAL GROUNDS JUSTIFYING THE REQUEST

(e.g. who has legal custody right over the Child? Who had actual day to day care of the Child before the removal or retention? Please provide copies of relevant court orders or agreement on custody or access, extracts of applicable law, etc. Continue on a separate sheet if necessary.)

SECTION VII - DETAILS OF ONGOING LEGAL PROCEEDINGS CONCERNING THE CHILD

(e.g. divorce proceedings, custody proceedings, wardship proceedings etc. Please attach copies of applicable court orders, if any. Continue on a separate sheet if necessary.)

SECTION VIII – ARRANGEMENT FOR RETURNING THE CHILD

(1) Person / place to whom the Child is to be returned

Family name, first name(s) and alias of individual OR name of institution	
Relation to the Child (e.g., Mother, Father, or other)	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (please specify) _____
Address (must be in the State or territory of the Child's habitual residence)	
IF THE PERSON IS THE MOTHER OR FATHER OF THE CHILD OR THE APPLICANT, PLEASE GO TO (2) OF THIS SECTION VIII	
Date of birth (if applicable)	(dd/mm/yyyy)
Place of birth (if applicable)	
Telephone number(s)	Home: Office: Mobile:
Fax number(s)	
E-mail address(es)	
Nationality (if applicable)	
Identity and travel document(s) and number(s) thereof (if applicable)	
Occupation, name and address of employer (if applicable)	
Language(s)	

(2) Proposed arrangement for return of the Child

Proposed arrangement for return of the Child	<input type="checkbox"/> Applicant to accompany the Child personally <input type="checkbox"/> Others (please specify)
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Is the Applicant willing to pay for the airfare / travel expenses of (i) the Child; (ii) the person who removed/retained the Child, to go back to the State / territory of habitual residence?

(i) Yes No

(ii) Yes No

SECTION IX - OTHER RELEVANT INFORMATION

- (a) Is the person thought to be with the Child likely to flee with the Child once alerted of the Request for Return under the Hague Convention?

Yes/No

- (b) Does the person thought to be with the Child have any history of mental illness or personality disorder? If yes, please give more information on a separate sheet about his/her mental condition (if known) including what medication, if any, he/she is on?

Yes/No

- (c) Has the Child been subject to any abuse by the person thought to be with him/her in the past? If yes, please elaborate on a separate sheet.

Yes/No

- (d) Is the Child suffering from any illness or disability? If yes, please elaborate on a separate sheet.

Yes/No

- (e) Is the person thought to be with the Child likely to agree to return the Child voluntarily (i.e. through negotiations, mediation, etc.) without resorting to court proceedings?

Yes/No

- (f) Would the Applicant prefer to have the Child placed under the temporary care of Child protection agencies pending return? If yes, please give reasons on a separate sheet.

Yes/No

- (g) (Where the Child is thought to be in Hong Kong) Do you need to apply for legal aid for court proceedings in Hong Kong?

Yes/No

If yes, do you agree for your request to be forwarded to the Legal Aid Department for follow-up action? Please note that in order to qualify for legal aid, you have to pass the merits test and the means test.

Yes/No

- (h) Please set out any further information which the Central Authorities should know. Continue on a separate sheet if necessary.

SECTION X - LIST OF DOCUMENTS ATTACHED TO THIS FORM

(please put an "X" in the selected)

<input type="checkbox"/>	Recent photograph of the Child
<input type="checkbox"/>	Recent photograph of the person thought to be with the Child
<input type="checkbox"/>	Copy of the marriage certificate of the Child's parents
<input type="checkbox"/>	Copy of the divorce decree nisi/absolute of the Child's parents
<input type="checkbox"/>	Authenticated copy of the custody or access order (or agreement) relating to the Child
<input type="checkbox"/>	Copy of the Child's birth certificate
<input type="checkbox"/>	Copy of the Child's travel document(s)/identity card(s)
<input type="checkbox"/>	Copy of travel document(s)/identity card(s) of the person thought to be with the Child
<input type="checkbox"/>	Others (please specify):

SECTION XI – AUTHORIZATION

I confirm that the information above is true and accurate to the best of my knowledge.

I hereby authorize the Central Authority of the Hong Kong Special Administrative Region of the People's Republic of China [and the Central Authority of _____]* and its/their agents to act on my behalf and to do all things necessary or reasonable in connection with this application.

(Signature of the Applicant)
Name:
Date:
Passport Type / No. or HKID No.:

Signed for and on behalf of the
Central Authority of
Date:

* applicable where assistance is sought is sought from a Central Authority outside the HKSAR

**Personal Information Collection Statement
pertaining to the “Request for Return of Child” form**

The personal data collected in this “Request for Return of Child” form will be used by the Central Authority of the Hong Kong Special Administrative Region of the People’s Republic of China (“Hong Kong”) –

- to assess whether the requirements under the Hague Convention on the Civil Aspects of International Child Abduction (“the Hague Convention”) and the Child Abduction and Custody Ordinance (Cap. 512) are fulfilled; and
- if the Central Authority of Hong Kong accepts your application, to assist you in accordance with the Hague Convention.

Your personal data in this “Request for Return of Child” form is regarded as important. Failure to provide these data may affect the processing of your application. Throughout the course of providing assistance to you, the Central Authority of Hong Kong may collect further personal data from you to facilitate the procedures under the Hague Convention.

The personal data collected may be passed to –

- Hong Kong courts;
- your legal representatives;
- other parties involved in the relevant proceedings and their legal representatives;
- other appropriate authorities/organizations in Hong Kong (including but not limited to the Hong Kong Police Force, the Immigration Department, the Social Welfare Department and the Legal Aid Department);
- International Criminal Police Organization (i.e. the Interpol); or
- the Central Authorities, judicial or administrative authorities or other appropriate authorities/organizations in other States or territories to which the Hague Convention applies, for the above-mentioned purposes.

It is our policy to retain all personal data collected for record purposes.

Under the Personal Data (Privacy) Ordinance (Cap. 486), you have a right to request access to, and to request correction of, your personal data in relation to this application. If you wish to exercise these rights, please contact the Central Authority of Hong Kong as follows –

International Law Division
(Mutual Legal Assistance Unit)
Department of Justice
7/F, Main Wing
Justice Place
18 Lower Albert Road,
Central, Hong Kong
Fax: 3918 4792 / 3918 4793
Email: childabduct@doj.gov.hk