



REQUEST FOR INTERNATIONAL VISITATION

- The Hague Convention on the Civil Aspects of International Child Abduction
 Inter-American Convention on the International Return of Children

REQUESTED STATE		NUMBER OF CHILDREN INCLUDED IN THE APPLICATION	
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I – INFORMATION OF THE CHILD (*)

(If the request involves more than one child, please include additional information in Annex II)

NIÑO/A N° 1				
NAME	LAST NAME(S)		FIRST NAME AND LAST NAME	
DATE OF BIRTH		COUNTRY OF BIRTH		
NATIONALITY		SEX	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
RESIDENCIA HABITUAL	COUNTRY	CITY	ADDRESS	
CELLULAR TELEPHONE		LANDLINE TELEPHONE		
CÓDIGO COUNTRY	NUMBER	CÓDIGO COUNTRY	NUMBER	
EMAIL				
PASSPORT	ISSUING COUNTRY	NUMBER	EXPIRY DATE	
IDENTITY CARD	ISSUING COUNTRY	NUMBER	EXPIRY DATE	
DESCRIPTION	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR
	OTHER			
OTHER USEFUL INFORMATION FOR LOCATION				

(*) For the purposes of this request, a child is any person below the age of **16 years**.

INFORMATION OF THE CHILD'S FATHER

NAME	LAST NAME(S)		FIRST NAME AND LAST NAME
DATE OF BIRTH		COUNTRY OF BIRTH	
HOME ADDRESS	COUNTRY	CITY	ADDRESS
CELLULAR TELEPHONE		LANDLINE TELEPHONE	
COUNTRY CODE	NUMBER	COUNTRY CODE	NUMBER
E-MAIL			
NATIONALITY		OCCUPATION	
PASSPORT	ISSUING COUNTRY	NUMBER	EXPIRY DATE
IDENTITY CARD	ISSUING COUNTRY	NUMBER	EXPIRY DATE

INFORMATION OF THE CHILD'S MOTHER

NAME	LAST NAME(S)		FIRST NAME AND LAST NAME
DATE OF BIRTH		COUNTRY OF BIRTH	
HOME ADDRESS	PAÍS	CITY	ADDRESS
CELLULAR TELEPHONE		LANDLINE TELEPHONE	
COUNTRY CODE	NUMBER	COUNTRY CODE	NUMBER
E-MAIL			
NATIONALITY		OCCUPATION	
PASSPORT	ISSUING COUNTRY	NUMBER	EXPIRY DATE
IDENTITY CARD	ISSUING COUNTRY	NUMBER	EXPIRY DATE

II – APPLICANT’S INFORMATION

(If there are additional applicants, please include additional information in Annex III)

NAME	LAST NAME(S)		FIRST NAME AND LAST NAME	
DATE OF BIRTH		COUNTRY OF BIRTH		
NATIONALITY		SEX	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
HOME ADDRESS	PAÍS	CITY	ADDRESS	
CELLULAR TELEPHONE		LANDLINE TELEPHONE		
COUNTRY CODE	NUMBER	COUNTRY CODE	NUMBER	
E-MAIL				
PASSPORT	ISSUING COUNTRY	NUMBER	EXPIRY DATE	
IDENTITY CARD	ISSUING COUNTRY	NUMBER	EXPIRY DATE	
OCCUPATION				
RELATIONSHIP TO CHILD/REN	<input type="checkbox"/> FATHER / <input type="checkbox"/> MOTHER / <input type="checkbox"/> GRANDFATHER/GRANDMOTHER <input type="checkbox"/> OTHER (PLEASE SPECIFY):			
PREFERRED LANGUAGE(S)	<input type="checkbox"/> SPANISH / <input type="checkbox"/> ENGLISH / <input type="checkbox"/> FRENCH / <input type="checkbox"/> PORTUGUESE / <input type="checkbox"/> GERMAN / <input type="checkbox"/> ITALIAN <input type="checkbox"/> OTHER (PLEASE SPECIFY)			
AVAILABILITY TO ATTEND HEARINGS IN THE REQUESTED STATE PERSONALLY			<input type="checkbox"/> YES	<input type="checkbox"/> NO
AVAILABILITY TO APPEAR IN A HEARING IN THE REQUESTED STATE BY VIDEOCONFERENCE			<input type="checkbox"/> YES	<input type="checkbox"/> NO
REQUESTS FREE-OF-COST LEGAL ASSISTANCE IN THE REQUESTED STATE			<input type="checkbox"/> YES	<input type="checkbox"/> NO

INFORMATION OF PRIVATE LEGAL ADVISOR (NOT APPLICABLE)

NAME	LAST NAME(S)		FIRST NAME AND LAST NAME	
OFFICE ADDRESS	COUNTRY	CITY	ADDRESS	
CELLULAR TELEPHONE		LANDLINE TELEPHONE		
COUNTRY CODE	NUMBER	COUNTRY CODE	NUMBER	
E-MAIL (Compulsory)				
PERSON THAT THE CENTRAL AUTHORITY SHALL CONTACT.			<input type="checkbox"/> ADVISOR	<input type="checkbox"/> APPLICANT

III - PERSON THAT HAS THE CARE OF THE CHILD WITH WHOM THE CHILD LIVES

(If the child is under the care of more than one person in the requested State, please include additional information in Annex IV)

NAME	LAST NAME(S)		FIRST NAME AND LAST NAME	
DATE OF BIRTH		COUNTRY OF BIRTH		
NATIONALITY		SEX	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
CURRENT LOCATION	COUNTRY	CITY	ADDRESS	
CELLULAR TELEPHONE		LANDLINE TELEPHONE		
COUNTRY CODE	NUMBER	COUNTRY CODE	NUMBER	
E-MAIL				
PASSPORT	ISSUING COUNTRY	NUMBER	EXPIRY DATE	
IDENTITY CARD	ISSUING COUNTRY	NUMBER	EXPIRY DATE	
OCCUPATION				
RELATIONSHIP TO THE CHILD	<input type="checkbox"/> FATHER / <input type="checkbox"/> MOTHER / <input type="checkbox"/> GRANDFATHER/GRANDMOTHER <input type="checkbox"/> OTHER (PLEASE SPECIFY):			
PREFERRED LANGUAGE/S	<input type="checkbox"/> SPANISH / <input type="checkbox"/> ENGLISH / <input type="checkbox"/> FRENCH / <input type="checkbox"/> PORTUGUESE / <input type="checkbox"/> GERMAN / <input type="checkbox"/> ITALIAN <input type="checkbox"/> OTHER (PLEASE SPECIFY):			
DESCRIPTION	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR
	OTHER			
OTHER USEFUL INFORMATION FOR LOCATION				

**IV - LEGAL JUSTIFICATION FOR THE REQUEST AND PROPOSED INTERNATIONAL VISITATION
ARRANGEMENTS**

V – COURT PROCEEDINGS

CIVIL	IN URUGUAY	Court	
		Docket number (IUE)	
		Details	
	OUT OF URUGUAY	Country	
		Court	
		Docket number	
		Details	
	<input type="checkbox"/> NO civil action has been previously filed in relation to the child subject of the request.		

CRIMINAL	<input type="checkbox"/> Criminal action has been filed against the person alleged to have wrongfully removed or retained the child/ren subject of the request.	
	Country	
	Details	
	<input type="checkbox"/> NO criminal action has been filed against the person alleged to have wrongfully removed or retained the child/ren subject of the request.	

VI - MEDIATION

MEDIATION	<input type="checkbox"/> I request that, if possible, the Central Authority of the requested State, or the person designated by it to communicate with the person stated in number III seek an agreement between the parties.
	<input type="checkbox"/> I request that an order be issued by judicial or administrative authorities for international visitation, WITHOUT seeking previous administrative mediation by the Central Authority or other authorities of the requested State.

**VII - PROPOSED ARRANGEMENTS FOR THE CHILD'S TRAVEL IF VISITATION IS GRANTED IN URUGUAY
OR A COUNTRY OTHER THAN THE CHILD'S HABITUAL RESIDENCE**

VIII – ATTACHED DOCUMENTS

- Provisions of the Uruguayan Civil Code.
- Provisions of the Children and Adolescents Code.
- Photograph/s of the child/ren.
- Photograph of the applicant.
- Photograph of the person/s who live with the child.
- Birth certificate of the child/ren (**compulsory**).
- Marriage certificate of the child/ren's parents
- Divorce decree of the child/ren's parents.
- Court order.
- Legally binding agreement for the child's custody and/or visitation rights.
- Free legal assistance form.
- Special Power of Attorney.
- Other (Please specify):

IX – ADDITIONAL INFORMATION

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<p>APPLICANT'S SIGNATURE</p> <p>_____</p> <p>Name: _____</p> <p>Identity card number: _____</p>	<p>PLACE AND DATE</p> <p>Montevideo, _____</p>
<p>_____</p> <p style="text-align: center;">Signature</p> <p style="text-align: center;">CENTRAL AUTHORITY OF INTERNATIONAL LEGAL COOPERATION MINISTRY OF EDUCATION AND CULTURE ORIENTAL REPUBLIC OF URUGUAY</p>	<p style="text-align: center;">CENTRAL AUTHORITY OF INTERNATIONAL LEGAL COOPERATION</p> <p>ADDRESS Reconquista 535, <u>Piso 5°</u> C.P. 11000 MONTEVIDEO – URUGUAY</p> <p>TELEPHONE TELE/FAX (598) 2915 8836 TELE/FAX (598) 2915 9780</p> <p>E-MAIL: menores@mec.gub.uy</p> <p>Dr. Daniel Trecca (Director)</p> <p>Dra. María José Rodríguez (Legal Advisor)</p> <p>Dr. Manuel Ferreira (Legal Advisor)</p>

This request must be signed at the premises of the Central Authority of Uruguay. If not possible, the signature must be certified by a Notary Public. The form and the attached documents must be translated into the language of the State where the child/ren are alleged to be. If this is materially impossible, the translation may be into English or French.

ANNEX I

POWER OF ATTORNEY

_____, a national of _____ whose occupation is _____ and domiciled at _____ **HEREBY**

AUTHORIZES, in conformity with article 28 of the 1980 Hague Convention on the Civil Aspects of International Child Abduction, the **CENTRAL AUTHORITY OF** _____ or the person designated by that Central Authority, to act on my behalf to file a request before the judicial or administrative authorities for international visitation arrangements in relation to _____

At the city of _____ on / /

GRANTOR'S SIGNATURE: _____

CERTIFIED BY: _____

NAME:

NAME:

(This document must be signed at the premises of the Central Authority of Uruguay, or the signature must be certified by a Notary Public. It does not require legalization or apostille, under the provisions of Article 23 of The Hague Convention on the Civil Aspects of International Child Abduction and/or Article 9.4 of the Inter-American Convention on the International Return of Children)

ANNEX II
ADDITIONAL CHILDREN

Please fill this page and one additional page for each **child** included in the request. Attach as many sheets as needed.

FIRST CHILD _				
NAME	LAST NAME(S)		FIRST NAME AND LAST NAME	
DATE OF BIRTH		COUNTRY OF BIRTH		
NATIONALITY		SEX	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
HABITUAL RESIDENCE	COUNTRY	CITY	ADDRESS	
CELLULAR TELEPHONE		LANDLINE TELEPHONE		
NUMBER	CÓDIGO COUNTRY	NUMBER	NUMBER	
E-MAIL				
PASSPORT	ISSUING COUNTRY	NUMBER	EXPIRY DATE	
IDENTITY CARD	ISSUING COUNTRY	NUMBER	EXPIRY DATE	
DESCRIPTION	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR
	OTHER			
OTHER USEFUL INFORMATION FOR LOCATION				

INFORMATION OF THE CHILD'S FATHER

NAME	LAST NAME(S)		FIRST NAME AND LAST NAME
DATE OF BIRTH		COUNTRY OF BIRTH	
HOME ADDRESS	COUNTRY	CITY	ADDRESS
CELLULAR TELEPHONE		LANDLINE TELEPHONE	
COUNTRY CODE	NUMBER	COUNTRY CODE	NUMBER
E-MAIL			
NATIONALITY		OCCUPATION	
PASSPORT	ISSUING COUNTRY	NUMBER	EXPIRY DATE
IDENTITY CARD	ISSUING COUNTRY	NUMBER	EXPIRY DATE

INFORMATION OF THE CHILD'S MOTHER

NAME	LAST NAME(S)		FIRST NAME AND LAST NAME
DATE OF BIRTH		COUNTRY OF BIRTH	
HOME ADDRESS	PAÍS	CITY	ADDRESS
CELLULAR TELEPHONE		LANDLINE TELEPHONE	
COUNTRY CODE	NUMBER	COUNTRY CODE	NUMBER
E-MAIL			
NATIONALITY		OCCUPATION	
PASSPORT	ISSUING COUNTRY	NUMBER	EXPIRY DATE
IDENTITY CARD	ISSUING COUNTRY	NUMBER	EXPIRY DATE

ANNEX III
ADDITIONAL APPLICANTS

NAME	LAST NAME(S)		FIRST NAME AND LAST NAME	
DATE OF BIRTH		COUNTRY OF BIRTH		
NATIONALITY		SEX	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
HOME ADDRESS	PAÍS	CITY	ADDRESS	
CELLULAR TELEPHONE		LANDLINE TELEPHONE		
COUNTRY CODE	NUMBER	COUNTRY CODE	NUMBER	
E-MAIL				
PASSPORT	ISSUING COUNTRY	NUMBER	EXPIRY DATE	
IDENTITY CARD	ISSUING COUNTRY	NUMBER	EXPIRY DATE	
OCCUPATION				
RELATIONSHIP TO CHILD/REN	<input type="checkbox"/> FATHER / <input type="checkbox"/> MOTHER / <input type="checkbox"/> GRANDFATHER/GRANDMOTHER <input type="checkbox"/> OTHER (PLEASE SPECIFY):			
PREFERRED LANGUAGE/S	<input type="checkbox"/> SPANISH / <input type="checkbox"/> ENGLISH / <input type="checkbox"/> FRENCH / <input type="checkbox"/> PORTUGUESE / <input type="checkbox"/> GERMAN / <input type="checkbox"/> ITALIAN <input type="checkbox"/> OTHER (PLEASE SPECIFY)			
AVAILABILITY TO ATTEND HEARINGS IN THE REQUESTED STATE PERSONALLY		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
AVAILABILITY TO APPEAR IN A HEARING IN THE REQUESTED STATE BY VIDEOCONFERENCE		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
REQUESTS FREE-OF-COST LEGAL ASSISTANCE IN THE REQUESTED STATE		<input type="checkbox"/> YES	<input type="checkbox"/> NO	

INFORMATION OF THE PRIVATE LEGAL ADVISOR (NOT APPLICABLE)

NAME	LAST NAME(S)		FIRST NAME AND LAST NAME	
OFFICE ADDRESS	COUNTRY	CITY	ADDRESS	
CELLULAR TELEPHONE		LANDLINE TELEPHONE		
COUNTRY CODE	NUMBER	COUNTRY CODE	NUMBER	
E-MAIL (Compulsory)				
PERSON THAT THE CENTRAL AUTHORITY SHALL CONTACT.	<input type="checkbox"/> ADVISOR <input type="checkbox"/> APPLICANT			

ANNEX IV

PERSON WHO HAS THE CARE OF THE CHILD WITH WHOM THE CHILD LIVES

NAME	LAST NAME(S)		FIRST NAME AND LAST NAME	
DATE OF BIRTH		COUNTRY OF BIRTH		
NATIONALITY		SEX	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
CURRENT LOCATION	COUNTRY	CITY	ADDRESS	
CELLULAR TELEPHONE		LANDLINE TELEPHONE		
COUNTRY CODE	NUMBER	COUNTRY CODE	NUMBER	
E-MAIL				
PASSPORT	ISSUING COUNTRY	NUMBER	EXPIRY DATE	
IDENTITY CARD	ISSUING COUNTRY	NUMBER	EXPIRY DATE	
OCCUPATION				
RELATIONSHIP TO THE CHILD	<input type="checkbox"/> FATHER / <input type="checkbox"/> MOTHER / <input type="checkbox"/> GRANDFATHER/GRANDMOTHER <input type="checkbox"/> OTHER (PLEASE SPECIFY):			
PREFERRED LANGUAGE/S	<input type="checkbox"/> SPANISH / <input type="checkbox"/> ENGLISH / <input type="checkbox"/> FRENCH / <input type="checkbox"/> PORTUGUESE / <input type="checkbox"/> GERMAN / <input type="checkbox"/> ITALIAN <input type="checkbox"/> OTHER (PLEASE SPECIFY):			
DESCRIPTION	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR
	OTHER			
OTHER USEFUL INFORMATION FOR LOCATION				