



REQUEST FOR THE INTERNATIONAL RETURN OF CHILDREN (*)

The Hague Convention on the Civil Aspects of International Child Abduction

Inter-American Convention on the International Return of Children

REQUESTED COUNTRY		NUMBER OF CHILDREN INCLUDED IN THE REQUEST	
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I – INFORMATION OF THE CHILD

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

FIRST CHILD				
NAME	LAST NAMES		FIRST NAMES	
DATE OF BIRTH		COUNTRY OF BIRTH		
NATIONALITY		SEX	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
HABITUAL RESIDENCE AT TIME OF REMOVAL OR RETENTION	COUNTRY	CITY	ADDRESS	
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	
DESCRIPTION	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR
OTHER USEFUL INFORMATION FOR LOCATING THE CHILD	OTHER			

(*) 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 NAMES		FIRST NAMES
DATE OF BIRTH		COUNTRY DE NACIMIENTO	
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 NAMES		FIRST NAMES
DATE OF BIRTH		COUNTRY OF BIRTH	
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

II – INFORMATION OF THE APPLICANT

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

NAME	LAST NAMES		FIRST NAMES	
DATE OF BIRTH		COUNTRY OF BIRTH		
NATIONALITY		SEX	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
ADDRESS	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 CHILD/REN	<input type="checkbox"/> FATHER / <input type="checkbox"/> MOTHER / <input type="checkbox"/> GRANDFATHER/GRANDMOTHER <input type="checkbox"/> OTHER (SPECIFY):			
PREFERRED LANGUAGE	<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 (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 APPLICANT'S LEGAL ADVISOR (NOT APPLICABLE)

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

III – INFORMATION ON THE PERSON ALLEGED TO HAVE REMOVED OR RETAINED THE CHILD/REN

(If the request involves more than one person alleged to have removed or retained the child/ren, include additional data in Annex IV)

NAME	LAST NAME(S)		FIRST NAME (MIDDLE 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 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):			
DESCRIPTION	HEIGHT	WEIGHT	COLOR OF OJOS	COLOR DE CABELLO
	OTHER			
OTHER USEFUL INFORMATION FOR LOCATION				

IV – LOCATION, DATE AND CIRCUMSTANCES OF THE WRONGFUL REMOVAL OR RETENTION OF THE CHILD/REN

V – LEGAL JUSTIFICATION FOR THE REQUEST

VI – COURT PROCEEDINGS

CIVIL	IN URUGUAY	Court	
		Docket No (IUE)	
		Details	
	OUT OF URUGUAY	Country	
		Court	
		Docket No	
		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.		

VII - MEDIATION

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

VIII – PROPOSED ARRANGEMENTS FOR THE RETURN TRAVEL OF THE CHILD/REN TO URUGUAY.

IX – 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 alleged to have wrongfully retained or removed the child/ren.
- Birth certificate of the child/ren (**compulsory**).
- Marriage certificate of the child/ren's parents
- Divorce decree of the child/ren's parents.
- Custody order existing at the time of the alleged removal or retention.
- Legally binding agreement.
- Documents that certify the habitual residence of the child/ren in Uruguay. (**compulsory**).
 - School certificate.
 - Medical certificate.
 - Certificate of migratory movements of the child/ren.
 - Other (Please specify)
- Travel authorization.
- Travel authorization revocation.
- Free legal assistance form.
- Special Power of Attorney.
- Others (Please specify):

X – 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</p> <p style="text-align: center;">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 for the international return of _____ to the Oriental Republic of Uruguay.

In 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** to be included in the request. Attach as many sheets as needed.

CHILD No. _				
NAME	LAST NAME(S)		FIRST NAME AND MIDDLE NAME	
DATE OF BIRTH		COUNTRY OF BIRTH		
NATIONALITY		SEX	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
HABITUAL RESIDENCE AT TIME OF REMOVAL OR RETENTION	COUNTRY	CITY	ADDRESS	
CURRENT LOCATION	COUNTRY	CITY	ADDRESS	
CELLULAR TELEPHONE		LANDLINE TELEPHONE		
NUMBER	COUNTRY CODE	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 LOCATING THE CHILD				

INFORMATION ON THE CHILD/REN'S FATHER

NAME	LAST NAME(S)		FIRST NAME AND MIDDLE NAME
DATE OF BIRTH		COUNTRY DE NACIMIENTO	
HOME ADDRESS	COUNTRY	CITY	ADDRESS
CELLULAR TELEPHONE		LANDLINE TELEPHONE	
COUNTRY CODE	NUMBER	COUNTRY CODE	NUMBER
EMAIL			
NATIONALITY		OCCUPATION	
PASSPORT	ISSUING COUNTRY	NUMBER	EXPIRY DATE
IDENTITY CARD	ISSUING COUNTRY	NUMBER	EXPIRY DATE

DATA ON THE MOTHER OF THE CHILD/REN

NAME	LAST NAME(S)		NAMES	
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	

ANNEX III
ADDITIONAL APPLICANTS

NAME	LAST NAME(S)		NAMES	
DATE OF BIRTH		COUNTRY DE BIRTH		
NATIONALITY		SEX	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
HOME ADDRESS	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/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 ON APPLICANT'S PRIVATE LEGAL ADVISOR (NOT APPLICABLE)

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

ANNEX IV

ADDITIONAL PERSONS ALLEGED TO HAVE REMOVED OR RETAINED THE CHILD/REN

NAME	LAST NAME(S)		FIRST NAME AND MIDDLE 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 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):			
DESCRIPTION	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR
	OTHER			
OTHER USEFUL INFORMATION FOR LOCATING THE CHILD				