



APPLICATION FOR THE RECOVERY ABROAD OF MAINTENANCE

- United Nations Convention on the Recovery Abroad of Maintenance (New York 1956)
- Inter-American Convention on Support Obligations (Montevideo 1989)
- Bilateral agreement

REQUESTED STATE		NUMBER OF BENEFICIARIES INCLUDED IN THE APPLICATION	
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CLAIMS	<input type="checkbox"/> File a support claim to be heard in the requested State.
	<input type="checkbox"/> Enforce support order issued in the requested State.
	<input type="checkbox"/> Enforce support order issued in the requesting State or other States.

I – INFORMATION OF APPLICANT

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

FIRST APPLICANT			
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	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

**IF APPLICANT IS THE CHILD OF THE SUPPORT DEBTOR,
PLEASE FILL OUT THE FOLLOWING INFORMATION
(☐ NOT APPLICABLE)**

INFORMATION OF APPLICANT'S FATHER

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

INFORMATION OF THE APPLICANT'S MOTHER

NAME	LAST NAME(S)		FIRST NAME AND MIDDLE NAME
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 APPLICANT
(If there are additional applicants, please include information in Annex III)

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
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 APPLICANT	<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 IN PERSON		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
AVAILABILITY TO APPEAR IN 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 MIDDLE 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			

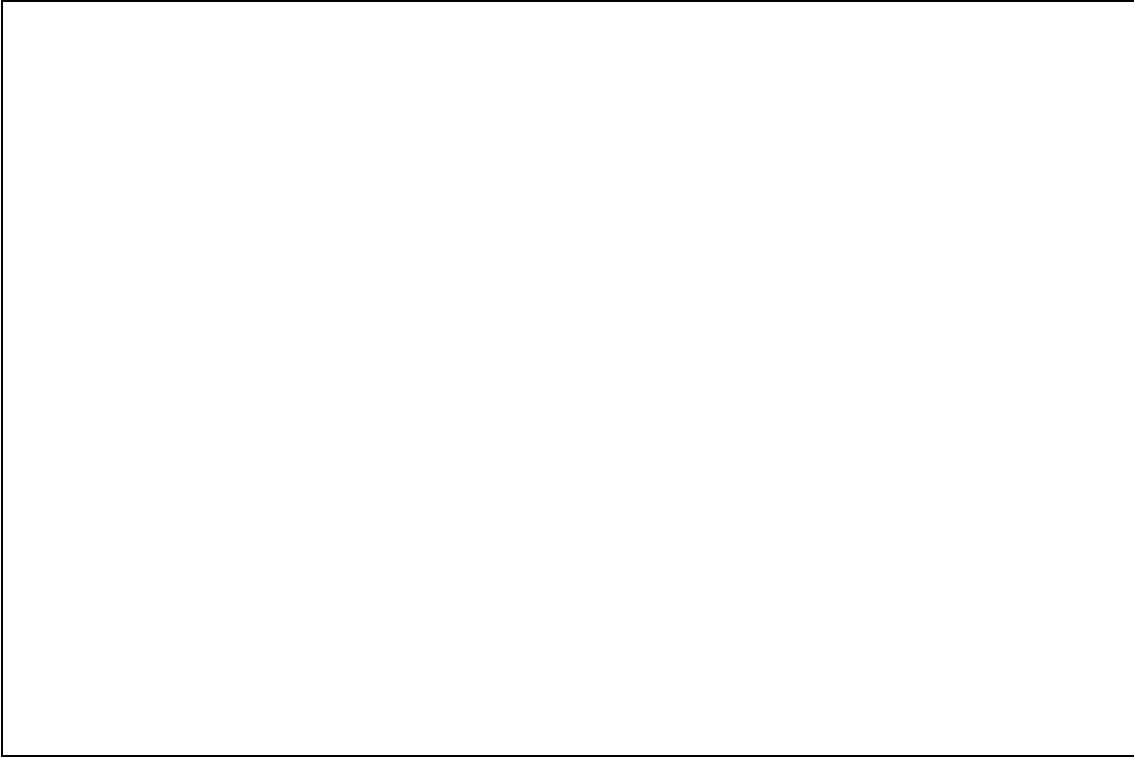
III – SUPPORT DEBTOR

(If application involves additional support debtors, please include additional information in Annex IV)

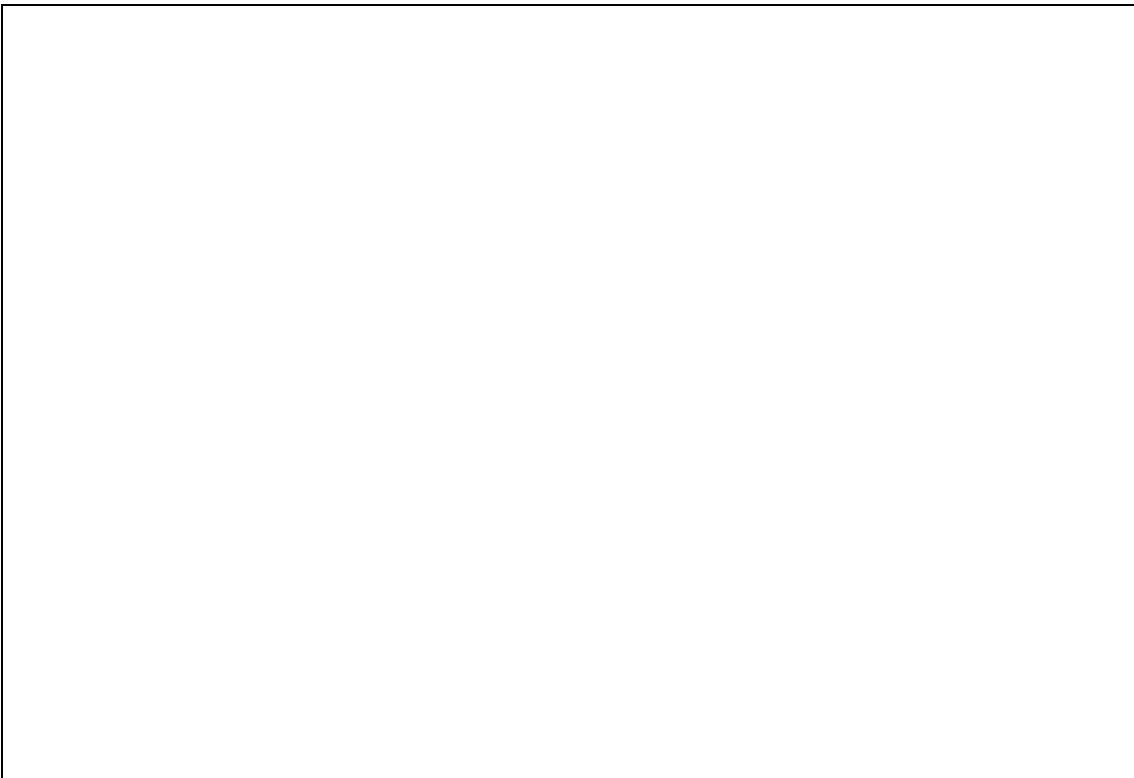
NAME	LAST NAME(S)		FIRST NAME AND MIDDLE NAME	
DATE OF BIRTH		COUNTRY OF BIRTH		
NATIONALITY		SEX	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
HOME ADDRESS	COUNTRY	CITY	ADDRESS	
CELLULAR TELEPHONE		LANDLINE TELEPHONE		
COUNTRY CODE	NUMBER	COUNTRY CODE	NUMBER	
PERSONAL E-MAIL				
WORK DENOMINATION				
WORK ADDRESS	COUNTRY	CITY	ADDRESS	
WORK TELEPHONE		WORK E-MAIL		
COUNTRY CODE	NUMBER			
OTHER WORK-RELATED INFORMATION				
PASSPORT	ISSUING COUNTRY	NUMBER	EXPIRY DATE	
IDENTITY CARD	ISSUING COUNTRY	NUMBER	EXPIRY DATE	
OCCUPATION				
RELATIONSHIP TO APPLICANT	<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 APPLICATION

V – APPLICANT’S ECONOMIC AND FAMILY SITUATION

A large, empty rectangular box with a thin black border, intended for the applicant to describe their economic and family situation.

VI – SUPPORT DEBTOR’S ECONOMIC AND FAMILY SITUATION (IF KNOWN)

A large, empty rectangular box with a thin black border, intended for a support debtor to describe the debtor's economic and family situation, if known.

VII- HAS THE APPLICANT RECEIVED ANY SUPPORT AMOUNT FROM THE SUPPORT DEBTOR BEFORE?

YES NO.

If yes, please indicate amount and the period covered by the amount received.

VIII – SETTLEMENT OF SUPPORT ARREARS

(Details of the debt, specify court-ordered monthly amounts, amounts paid by the debtor, and arrears amount).

IX – MONTHLY SUPPORT AMOUNT CLAIMED

URUGUAYAN PESOS	UNITED STATES DOLLARS	EUROS
UYU	USD	EUR (€)

X – EXISTING COURT PROCEEDINGS

CIVIL	IN URUGUAY	Court	
		Docket number (IUE)	
		Details	
	OUT OF URUGUAY	Country	
		Court	
		Docket number	
		Details	
	<input type="checkbox"/> NO civil proceedings have been brought in relation to the applicants herein.		

XI - MEDIATION

MEDIATION	<input type="checkbox"/> I request that, if possible under the laws of the requested State, the Central Authority of the requested State, or the person designated by it, shall communicate with the person stated in number III (and, if applicable, in annex III, if there are additional support debtors) to seek an agreement between the parties for the payment of support.
	<input type="checkbox"/> I request that the payment of support be required by judicial authorities, <u>WITHOUT seeking previous administrative mediation</u> by the Central Authority or other authorities of the requested State.

XII – BANK ACCOUNT FOR SUPPORT PAYMENTS

Please specify bank account number and SWIFT code, or money order data

XIII – ATTACHED DOCUMENTS

- Provisions of the Uruguayan Civil Code.
- Provisions of the Children and Adolescents Code.
- Photograph/s of beneficiary/beneficiaries
- Photograph/s of applicant/s.
- Photograph/s of support debtor/s
- Birth certificate of the child/ren of support debtor bearing legalization or apostille, as applicable **(compulsory)**.
- Marriage certificate of the parents of the child/ren that are beneficiaries of support debtor, bearing legalization or apostille, as applicable.
- Marriage certificate of the applicant and the support debtor, bearing legalization or apostille, as applicable.
- Divorce decree of the applicant and the support debtor, bearing legalization or apostille, as applicable.
- Existing court order, bearing legalization or apostille, as applicable.
- Legally binding agreement.
- Documents that certify the habitual residence of the beneficiaries in Uruguay. **(compulsory)**.
 - School certificate.
 - Medical certificate.
 - Certificate of migratory movements of the beneficiary or beneficiaries
 - Other (please, specify)
- If beneficiary or beneficiaries are older than 18 years of age, certificate of current education enrolment.
- Free legal assistance form.
- Special Power of Attorney.
- Other (please specify):

XI – ADDITIONAL INFORMATION

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<p>APPLICANT'S SIGNATURE</p> <p>_____ Name:</p> <p>Identity card number:</p>	<p>PLACE AND DATE</p> <p>Montevideo,</p>
<p>_____ Signature</p> <p>CENTRAL AUTHORITY OF INTERNATIONAL LEGAL COOPERATION MINISTRY OF EDUCATION AND CULTURE</p> <p>ORIENTAL REPUBLIC OF URUGUAY</p>	<p>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 of the domicile of the support debtor. 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 _____, in conformity with the provisions of article 3 of the Convention on the Recovery Abroad of Maintenance signed at New York on June 20th, 1956, **HEREBY GRANTS POWER OF ATTORNEY** to the **Receiving Agency of** _____ or the person designated by it, to take all appropriate steps to bring a support claim on behalf of _____ to procure the effective payment of support; including the possibility of making settlement agreements with the support debtor,

This Power of Attorney grants representation and negotiation powers, but any out-of-court decision establishing terms other than those of the attached request, shall require the express consent of the grantor.

Given 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)

ANNEX II
OTHER BENEFICIARY/BENEFICIARIES

FIRST BENEFICIARY				
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	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	

IF THE BENEFICIARY IS THE CHILD OF THE SUPPORT DEBTOR, PLEASE FILL OUT THE FOLLOWING INFORMATION
 NOT APPLICABLE

INFORMATION OF THE BENEFICIARY'S FATHER

NAME	LAST NAME(S)		FIRST NAME AND MIDDLE 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 BENEFICIARY'S MOTHER

NAME	LAST NAME(S)		FIRST NAME AND MIDDLE NAME	
DATE OF BIRTH		COUNTRY OF BIRTH		
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	

ANNEX III

OTHER APPLICANTS

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
HOME ADDRESS	COUNTRY	CITY	ADDRESS	
CELLULAR TELEPHONE		LANDLINE TELEPHONE		
COUNTRY CODE	NUMBER	COUNTRY CODE	NUMBER	
EMAIL				
PASSPORT	ISSUING COUNTRY	NUMBER	EXPIRY DATE	
IDENTITY CARD	ISSUING COUNTRY	NUMBER	EXPIRY DATE	
OCCUPATION				
RELATIONSHIP TO THE BENEFICIARY	<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 (SPECIFY)			
AVAILABILITY TO ATTEND HEARINGS IN THE REQUESTED STATE IN PERSON		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
AVAILABILITY TO APPEAR IN 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 MIDDLE 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
OTHER SUPPORT DEBTORS

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
HOME ADDRESS	COUNTRY	CITY	ADDRESS	
CELLULAR TELEPHONE		LANDLINE TELEPHONE		
COUNTRY CODE	NUMBER	COUNTRY CODE	NUMBER	
PERSONAL E-MAIL				
WORK DENOMINATION				
WORK ADDRESS	COUNTRY	CITY	ADDRESS	
WORK TELEPHONE		WORK E-MAIL		
COUNTRY CODE	NUMBER			
OTHER WORK INFORMATION				
PASSPORT	ISSUING COUNTRY	NUMBER	EXPIRY DATE	
IDENTITY CARD	ISSUING COUNTRY	NUMBER	EXPIRY DATE	
OCCUPATION				
RELATIONSHIP TO BENEFICIARY	<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 HIS/HER LOCATION				