OMB Control No: 0970-0488 Expiration date: 03/31/2026

## **Request for Specific Measures**

(Article 7(1))

## CONFIDENTIALITY AND PERSONAL DATA PROTECTION NOTICE

Personal data gathered or transmitted under the Convention shall be used only for the purposes for which it was gathered or transmitted. Any authority processing such information shall ensure its confidentiality, in accordance with the law of its State.

An authority shall not disclose or confirm information gathered or transmitted in application of this Convention if it determines that to do so could jeopardise the health, safety or liberty of a person in accordance with Article 40.

A determination of non-disclosure has been made by a Central Authority in accordance with Article 40. If this box is ticked, information under section 7 d, e, f and g should only be provided in the Restricted Information on the Potential Applicant page of this form.

1. Requesting Central Authority		ing Central Authority	2. Contact person in requesting State			
a. Address			a. Address (if different)			
b. Telephone number			b. Telephone number (if different)			
c. Fa	x num	ber	c. Fax number (if different)			
d. E-1	mail		d. E-mail (if different)			
e. Re	ferenc	e number	e. Language(s)			
3.		uested Central Authority:ress:				
4. Grounds for the request:		unds for the request:				
		To assist the potential applicant in making an application under Article 10.  Please explain:				
		To assist the potential applicant in determining whether an application under Article 10 should be initiated.  Please explain:				
5.	The potential applicant is:  ☐ The person for whom maintenance would be sought or is payable ☐ The representative of the person for whom maintenance would be sought or is payable ☐ The debtor ☐ The representative of the debtor					

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to provide a statement of proper notice in an application under the 2007 Hague Child Support Convention. Public reporting burden for this collection of information is estimated to average 0.5 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information per 45 CFR 303.7. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0488 and the expiration date is 3/31/2026. If you have any comments on this collection of information, please contact the ACF Reports Clearance Officer by email at ocseinternational@acf.hhs.gov.

6.	The following specific measure(s) is (are) requested:	
6.1.	Help	to locate the debtor or the creditor (Art. 6(2) b)): The debtor, or The person to whom maintenance is payable, or The person for whom maintenance is payable, or Both the person to whom maintenance is payable and the person for whom maintenance is payable
6.2.	Help □	to obtain relevant financial information (Art. 6(2) c)) Income of: ☐ the debtor, or ☐ the person to whom maintenance is payable, or ☐ the person for whom maintenance is payable, or ☐ both the person to whom maintenance is payable and the person for whom maintenance is payable
		Assets of:  ☐ the debtor or  ☐ the person to whom maintenance is payable, or  ☐ the person for whom maintenance is payable, or  ☐ both the person to whom maintenance is payable and the person for whom
		maintenance is payable Location of the assets of:  ☐ the debtor or  ☐ the person to whom maintenance is payable, or  ☐ the person for whom maintenance is payable, or  ☐ both the person to whom maintenance is payable and the person for whom
		maintenance is payable  Other financial circumstances of:  ☐ the debtor, or  ☐ the person to whom maintenance is payable, or  ☐ the person for whom maintenance is payable, or  ☐ both the person to whom maintenance is payable and the person for whom maintenance is payable.  Please specify:
6.3.	Facil	itate the obtaining of documentary or other evidence (Art. 6(2) g))  Birth certificate or equivalent  Acknowledgement of parentage by the debtor  Formal statement providing evidence relating to parentage  Decision of competent authority concerning parentage  Genetic test results  Adoption certificate  Certificate of marriage or similar relationship and date of divorce / separation  Formal statement providing evidence relating to common residence of the parties  Agreement between the parties relating to maintenance  Evidence of attendance at secondary or post-secondary educational institution  Evidence of disability  Financial Circumstances Form  Statement of arrears or payment history  Other evidence. Please specify:  Decision of the requested State concerning a maintenance obligation. Please specify:  Include supporting documents:  Abstract of the Decision  Statement of Enforceability of the Decision
		☐ Statement of Proper Notice of Proceedings / Decision

6.4.		tenance (Art. 6(2) h)) Co-ordinate genetic testi Seek a voluntary acknov Seek a legal determinati	vledgment of parentage on of parentage propriate competent authority opropriate procedure(s)		
6.5. Initiate or facilitate the institution of proceedings to obtain any necess measures that are territorial in nature and the purpose of which is to secu of a pending maintenance application (Art. 6(2) i))			n nature and the purpose of which is to secure the outcome		
	Pleas	e specify:			
6.6.	Facili	itate service of document	s (Art. 6(2) j))		
	Pleas	e specify and attach docu	ment(s):		
7.		Particulars of the potential applicant			
			aintenance would be sought or is payable he person for whom maintenance would be sought or is e debtor		
	a.	Family name(s):			
	b.	Given name(s):			
	c.	Date of birth:1	(dd/mm/yyyy)		
	or				
	a.	Name of the public bo	dy:		
	b.	Family name(s) of the	contact person:		
	c.	c. Given name(s) of the contact person:			
	and				
	d.	Address:			
	e.	Telephone numbers:			
	f.	Fax number:			
	g.	E-mail:			

 $<sup>^{\</sup>rm 1}$  It is not necessary to provide a date of birth in the case of a representative.

8.		•	r whom maintenance would be sought or is		
8.1.		Maintenance would be sought or is payable for the potential applicant named above			
		Maintenance basis:  ☐ parentage ☐ marriage ☐ affinity (please ident	☐ in loco parentis or equivalent relationship ☐ analogous relationship to marriage ify):		
		☐ grandparent ☐ other:	ify): □ grandchild		
8.2.		☐ Maintenance would be sought or is payable for the following child(ren)			
	a.	Family name(s):		_	
		Given name(s):		_	
		Date of birth		_ (dd/mm/yyyy)	
		Maintenance basis:  ☐ parentage	☐ in loco parentis or equivalent relationship		
	b.	Family name(s):		_	
		Given name(s):		_	
		Date of birth		_ (dd/mm/yyyy)	
		Maintenance basis:  ☐ parentage	☐ in loco parentis or equivalent relationship		
	c.	Family name(s):		_	
		Given name(s):		_	
		Date of birth		_ (dd/mm/yyyy)	
		Maintenance basis:			
		☐ parentage	☐ in loco parentis or equivalent relationship		
3.3.	☐ Maintenance would be sought or is payable for the following person				
		Family name(s):		_	
		Given name(s):		_	
		Date of birth		_(dd/mm/yyyy)	
		Maintenance basis:  ☐ marriage ☐ affinity (please ident	☐ analogous relationship to marriage		
		☐ grandparent ☐ other:	ify): □ grandchild		

9.	Information in relation to the debtor and, where applicable, the creditor					
9.1.	. Particulars (if known) of the debtor					
		The person is the same as the potential applicant named above				
	a.	Family name(s):	_			
	b.	Given name(s):	_			
	c.	Date of birth:	_(dd/mm/yyyy)			
	d.	Residential address:	-			
	e.	Postal address:	-			
9.2.		If the debtor is the potential applicant, particulars (if known and applicable) of the representative of the person(s) for whom maintenance is payable				
	a.	Family name(s):				
	b.	Given name(s):				
	c.	Address:	<del></del>			
	d.	Telephone numbers:				
	e.	Fax number:				
	f.	E-mail:				
9.3.	Infor	Information that may assist with the location of the potential respondent				
	a.	a. Personal identification number: (include name of country or territorial unit that issued the number)				
	b.	Any other information that may assist with the location of the re-	spondent			
10.	Attac	ch and specify other relevant documents:				

11.	Attestations				
	This request for specific measures was completed by the re	questing Central Authority.			
	This request for specific measures complies with the requirement of the Convent (Article 7(1)). The information contained in this request for specific measures correspo to and is in conformity with the information and documents provided by the poten applicant to the requesting Central Authority. The request for specific measures forwarded by the Central Authority on behalf of and with the consent of the poten applicant.				
Name:	(in block letters) Date:				
Author	rised representative of the Central Authority	(dd/mm/yyyy)			

## **Restricted Information on the Potential Applicant**

Request for Specific Measures (Article 7(1))

N.B. The requesting Central Authority has determined that information under sections 7 d, e, f and g on this page shall not be disclosed or confirmed for the protection of the health, safety or liberty of a person. Such a determination shall according to Article 40(2) be taken into account by the requested Central Authority.

1.	Requ	esting Central Authority	file reference number:		
7.	Partic	Particulars of the potential applicant			
	a.	Family name(s):			
	b.	Given name(s):			
	c.	Date of birth:		(dd/mm/yyyy)	
	d.	Address:			
	e.	Telephone numbers:			
	f.	Fax number:			
	g.	E-mail:			
	This	request for specific meas	ures was completed by the reque	esting Central Authority.	
	This request for specific measures complies with the requirement of the Convention (Article 7(1)). The information contained in this request for specific measures corresponds to and is in conformity with the information and documents provided by the potential applicant to the requesting Central Authority. The request for specific measures is forwarded by the Central Authority on behalf of and with the consent of the potential applicant.				
Name:			(in block letters) Date:		
		epresentative of the Cent		(dd/mm/yyyy)	