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

## **Request for Specific Measures - Response**

(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. 1. Requested Central Authority 2. Contact person in requested State a. Address (if different) a. Address b. Telephone number b. Telephone number (if different) c. Fax number c. Fax number (if different) d. E-mail (if different) d. E-mail e. Reference number e. Language(s) ☐ First Response / ☐ Subsequent Response – Date of last Response: (dd/mm/vvvv) 3. File identification a. Requesting Central Authority file reference number: b. Family name(s) of the potential applicant: or b. Name of the public body: and c. Family name(s) of the person(s) for whom maintenance would be sought or is payable:

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.

d. Family name(s) of debtor:

| 4.   | The following measures have been taken |   |
|------|--|---|
| 4.1. | Debte                                  | or or creditor located (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  Located in the requested State places provide address if pessibles  |
|      | ш                                      | Located in the requested State, please provide address, if possible:  |
|      |  | Located / believed to be in another State, please specify:  |
|      |  | Effective date of information: (dd/mm/yyyy) A determination of non-disclosure about the address has been made by the requested Central Authority in accordance with Article 40.   |
| 4.2. | Finaı<br>□                             | Income of:  the debtor, or  the person to whom maintenance is payable, or  both the person to whom maintenance is payable and the person for whom maintenance is payable  Effective date of information: (dd/mm/yyyy)  |
|      |  | 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  Effective date of information:   |
|      |  | Location of the assets of:  the debtor or the person to whom maintenance is payable or both the person to whom maintenance is payable or both the person to whom maintenance is payable and the person for whom maintenance is payable and the person for whom maintenance is payable  Please specify the location of the assets, if possible:  |
|      |  | ☐ Effective date of information:  |
| 4.3. |  | mentary or other evidence obtained (Art. 6(2) g)) (please attach relevant mation)  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:   |  |
|       | _       | Including:  |  |
|       |         | ☐ Abstract of the Decision ☐ Statement of Enforceability of the Decision  |  |
|       |         | ☐ Statement of Proper Notice of Proceedings / Decision  |  |
| 4.4.  |         | ance in establishing parentage where necessary for the recovery of maintenance $(Art. 6(2) h)$ Genetic testing coordinated  |  |
|       |         | Voluntary acknowledgment of parentage sought (please attach any signed acknowledgement)   |  |
|       |         | Legal determination of parentage sought (please attach any legal determination) Request referred to the appropriate competent authority Advice concerning the appropriate procedure(s) provided Other, please specify:  |  |
| 4.5.  |         | Proceedings to obtain any necessary provisional measures that are territorial in nature and the purpose of which is to secure the outcome of a pending maintenance application initiated or facilitated (Art. $6(2)$ $i$ ))   |  |
|       |         | Please specify:   |  |
| 4.6.  |         | Service of documents facilitated (Art. $6(2) j$ ))  |  |
|       |         | Please specify:   |  |
| 5.    |         | Additional information concerning the measures taken:   |  |
| 6.    |         | The requested Central Authority is unable to provide the specific requested measure(s) for the following reasons:   |  |
| 7.    |         | Please provide the following additional information and / or documentation:   |  |
| 8.    |         | The requested Central Authority has refused to process the request for specific measures because it is not satisfied based on the information provided by the requesting Central Authority that the requested measures are necessary to assist a potential applicant in making an application under Article 10 or in determining whether such an application should be initiated. |  |
| Name: |         | (in block letters) Date:  |  |
| Autho | rised 1 | representative of the Central Authority (dd/mm/yyyy)  |  |