**CENTRAL AUTHORITY FOR DENMARK APPLICATION FORM**

**Section 1: Please indicate by putting a cross in the appropriate box as to what type of application you wish to make.**

|  |  |
| --- | --- |
| **Request for Return** |  |
| **Request for a new Decision regarding Contact** |  |
| **Request for Registration and Enforcement of an existing court order or valid agreement** |  |

**Section 2:** **Details of child(ren).  
Child 1**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname: |  | | | | |
| First Name: |  | | | | |
| Date of Birth: |  |  | Male |  | Female |
| Habitual residence (immediately before removal): |  | | | | |
| Passport or Identity Card No., if any: |  | | | | |
| Nationality: |  | | | | |

**Child 2**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname: |  | | | | |
| First Name: |  | | | | |
| Date of Birth: |  |  | Male |  | Female |
| Habitual residence (immediately before removal): |  | | | | |
| Passport or Identity Card No., if any: |  | | | | |
| Nationality: |  | | | | |

**Details of child(ren) continued. (this page can be removed if not used)**  
**Child 3**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname: |  | | | | |
| First Name: |  | | | | |
| Date of Birth: |  |  | Male |  | Female |
| Habitual residence (immediately before removal): |  | | | | |
| Passport or Identity Card No., if any: |  | | | | |
| Nationality: |  | | | | |

**Child 4**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname: |  | | | | |
| First Name: |  | | | | |
| Date of Birth: |  |  | Male |  | Female |
| Habitual residence (immediately before removal): |  | | | | |
| Passport or Identity Card No., if any: |  | | | | |
| Nationality: |  | | | | |

**Child 5**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname: |  | | | | |
| First Name: |  | | | | |
| Date of Birth: |  |  | Male |  | Female |
| Habitual residence (immediately before removal): |  | | | | |
| Passport or Identity Card No., if any: |  | | | | |
| Nationality: |  | | | | |

**Section 3: Details of parents.**

**Mother**

|  |  |
| --- | --- |
| Surname: |  |
| First Name: |  |
| Date of Birth: |  |
| Habitual residence: |  |
| Passport or Identity Card No., if any: |  |
| Nationality: |  |

**Father**

|  |  |
| --- | --- |
| Surname: |  |
| First Name: |  |
| Date of Birth: |  |
| Habitual residence: |  |
| Passport or Identity Card No., if any: |  |
| Nationality: |  |

|  |  |
| --- | --- |
| Date and place of marriage  (if applicable) |  |
| Date and place of divorce  (if applicable) |  |

**Section 4: Details of applicant.**

|  |  |
| --- | --- |
| Surname: |  |
| First Name: |  |
| Relationship to child(ren) (for instance father or mother): |  |
| Contact Address: |  |
| Telephone No: |  |
| Mobile Telephone No: |  |
| Email: |  |

**Details of your legal adviser (if any). Please note you should only provide details of a solicitor if you are actually instructing one in relation to this matter.**

|  |  |
| --- | --- |
| Name of solicitor: |  |
| Contact Address: |  |
| Telephone No: |  |
| Fax No: |  |
| Email: |  |

**Section 5: Details of person alleged to have removed/retained/preventing contact with child(ren) and current location of child(ren).**

|  |  |
| --- | --- |
| Surname: |  |
| First Name: |  |
| Relationship to child(ren): |  |
| Details of location of child(ren):  Please provide as much information as possible |  |
| Details of other persons who might be able to supply additional information relating to the location of the child(ren): |  |

**Section 6: Request for Return. You should only compete this section if you are making an application for return of your child(ren). (this page can be removed if not used)**

**6(a): Date and circumstances of wrongful removal or retention.**

|  |
| --- |
| Please provide brief details of events leading up to removal or retention of child(ren). |
|  |

**6(b): Factual or legal grounds justifying the request for return of child(ren).**

|  |
| --- |
| Please provide original or certified copies of evidence of your rights of custody with respect to child(ren). Please contact the Danish Central Authority regarding the need for translations of the documents. |
|  |

**6(c): Arrangements for the return of child(ren).**

|  |
| --- |
| Please indicate whether you are prepared to travel to the country to which the child(ren) have been taken to attend the court hearing if necessary, and propose arrangements for the return of the child(ren) should the application be successful. |
|  |

**Section 7: Request for Contact. You should only compete this section if you are making an application for contact with your child(ren). (this page can be removed if not used)**

**7(a): Circumstances relating to the prevention of contact with child(ren).**

|  |
| --- |
| Please provide brief details relating to the prevention of your rights of contact. |
|  |

**7(b): Proposed arrangements for future contact.**

|  |
| --- |
| Please provide your proposal for your child(ren)’s future contact with you. |
|  |

**Section 8: Civil court proceedings that have concluded or are in progress (court proceedings regarding custody, the child(ren)’s place of residence, contact and/or separation/divorce).**

|  |
| --- |
| In Denmark (please provide original or certified copies of any decision which have been made). |
|  |
| Outside Denmark (please provide original or certified copies of any decision which have been made). |
|  |

**Section 9: List of documents attached.**

|  |
| --- |
| You should include original or certified copies of any relevant decision or agreement concerning custody or access, and recent colour photographs of the plaintiff parent and the child(ren). Please also include original or certified copies of the child(ren)’s birth certificate and your marriage certificate or separation/divorce decree. Please contact the Danish Central Authority regarding the need for translations of the documents. |
|  |

**Section 10: Applicant’s authorization.**

|  |  |
| --- | --- |
| *I authorize the Danish Central Authority and the requested foreign Central Authority to act on my behalf or to appoint a representative to act on my behalf and to do all things reasonable and necessary in connection with this application.* | |
| Full name of Applicant (block capitals): |  |
| CPR-number: |  |
| Date: |  |
| Signature: |  |