INITIAL CONTACT FORM

If you provide us with the information listed below, the Central Authority will be able to identify the possible course of action in the instant case and will send you the forms and a list of the documents required to submit the official request for cooperation.

All'Ufficio Autorità Centrali
autoritacentrali.dgm@giustizia.it

I, the undersigned: (Surname) _____(Name):_____

born in _____ on _____

residing in _____ (City and Province) _____

tel.: _____ Mobile Phone: _____

I intend **to request the return to Italy of the following child:**

(Surname) _____ (Name): _____

born in _____ on _____ nationality: _____

of whom I am ☐ the father ☐ the mother ☐ other (please specify)_____

The child's abduction took place on _____

The child was removed to (State):_____

I know the child's current whereabotus: ☐ Yes ☐ No

The child has been removed by: ☐ father ☐ mother ☐ other (please specify) _____
At the time of removal, the child was habitually living with:

☐ both parents ☐ father ☐ **mother** ☐ **other (please specify)** _____

At the time of the child's removal, parents were:

☐ married to each other and cohabiting ☐ married to each other but not cohabiting ☐ separated/divorced

☐ cohabiting but not married to each other ☐ not married to each other and not cohabiting

Before the child's removal a child's custody decision was already in force:

☐ no ☐ yes, joint custody ☐ yes, sole custody to the father ☐ yes, sole custody to the mother

☐ yes, custody granted to the Municipal Welfare Office of: _____

☐ other (for instance: forfeiture or suspension of parental responsibility):
_____

I have filed a complaint for child's international abduction with the competent authorities: ☐ yes ☐ no