

## FIRST CONTACT FORM (maintenance)

By submitting the information requested in the *First contact form* below, you will allow the Italian Central Authority to better identify the action to take in the instant case and to send you the list of the documents needed to officially file your application. Please be ensured that your personal data will be processed, according to EU Regulation 2016/679 on data protection, only to satisfy our istitutional accomplishments.

**Italian Central Authority**  
[autoritacentrali.dgmc@giustizia.it](mailto:autoritacentrali.dgmc@giustizia.it)

I, the undersigned \_\_\_\_\_ (name and surname), born  
in \_\_\_\_\_ on \_\_\_\_\_, resident in \_\_\_\_\_  
\_\_\_\_\_ (municipality/province), tel. \_\_\_\_\_ email \_\_\_\_\_

intend to apply for international cooperation in matter of maintenance obligations.

The debtor lives, has assets or incomes in:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Albania           | <input type="checkbox"/> Germany                            | <input type="checkbox"/> Poland                   |
| <input type="checkbox"/> Austria           | <input type="checkbox"/> Great Britain and Northern Ireland | <input type="checkbox"/> Portugal                 |
| <input type="checkbox"/> Azerbaijan        | <input type="checkbox"/> Greece                             | <input type="checkbox"/> Czech Republic           |
| <input type="checkbox"/> Belarus           | <input type="checkbox"/> Honduras                           | <input type="checkbox"/> Romania                  |
| <input type="checkbox"/> Belgium           | <input type="checkbox"/> Hungary                            | <input type="checkbox"/> Spain                    |
| <input type="checkbox"/> Bosna-Hercegovina | <input type="checkbox"/> Ireland                            | <input type="checkbox"/> Sweden                   |
| <input type="checkbox"/> Brasil            | <input type="checkbox"/> Kazakhstan                         | <input type="checkbox"/> Turkey                   |
| <input type="checkbox"/> Bulgaria          | <input type="checkbox"/> Latvia                             | <input type="checkbox"/> Ukraine                  |
| <input type="checkbox"/> Canada*           | <input type="checkbox"/> Lithuania                          | <input type="checkbox"/> United States of America |
| <input type="checkbox"/> Croatia           | <input type="checkbox"/> Luxembourg                         |   |
| <input type="checkbox"/> Cyprus            | <input type="checkbox"/> Malta                              |   |
| <input type="checkbox"/> Ecuador           | <input type="checkbox"/> Montenegro                         |   |
| <input type="checkbox"/> El Salvador       | <input type="checkbox"/> New Zealand                        |   |
| <input type="checkbox"/> Estonia           | <input type="checkbox"/> Netherlands                        |   |
| <input type="checkbox"/> Finland           | <input type="checkbox"/> Nicaragua                          |   |
| <input type="checkbox"/> France            | <input type="checkbox"/> Norway                             |   |
| <input type="checkbox"/> Georgia           | <input type="checkbox"/> Philippines                        |   |

\*only British Columbia, Manitoba and  
Ontario Provinces

I hereby declare that:

there is a decision (or equivalent deed) attesting my right to receive maintenance:

1. issued by competent Authority or Notary: \_\_\_\_\_
2. number and date of the decision or deed: \_\_\_\_\_

3. **date of commencement of the relevant proceeding:**\_\_\_\_\_ **(to be indicated only in case of enforcement of a decision/deed issued in a Member State of European Union or in Great Britain and Northern Ireland)**

**NO** maintenance decision or deed exists

Moreover:

the beneficiary of such maintenance is:

the undersigned

my son/daughter, born on \_\_\_\_\_

other person of whom I am the legal representative, guardian or administrator (please specify)\_\_\_\_\_

the person by whom the maintenance is owed is:

the beneficiary's parent

the beneficiary's spouse or former spouse

other (please specify the relationship) \_\_\_\_\_

Date and signature