

FIRST CONTACT FORM (Abduction)

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 send you the list of the documents requested to officially file your application. Please be ensured that your personal data will only be processed to satisfy our institutional accomplishments.

Central Authority

autoritacentrali.dgm@giustizia.it

I, the undersigned:

Name: _____ Surname: _____

Born in (Country and Municipality): _____ on (Day/Month/Year): ___/___/_____,

Address (Country, Province, Municipality, Street): _____

Tel.: _____ Mobile Phone: _____ E-mail: _____

intend to apply for the **Return to Italy of the following child:**

Child's Name: _____ and Surname: _____

Born in (Country and Municipality): _____ On (Day/Month/Year): ___/___/_____,

Citizenship/s _____

of whom I am: the Father the Mother Other (Please specify): _____

The above child was abducted from Italy on: (Day/Month/Year): ___/___/_____,

and removed to: (Country): _____ (Municipality, if known): _____

I know the child's current address: Yes No

The abductor is: the Child's Father the Child's Mother Other (Please specify): _____

At the time of abduction, the above child was habitually residing with:

Both parents only with the father only with the mother

Other (Please specify): _____

At the time of abduction, the above child's parents were:

married and living together married and not living together

not married and living together not married and not living together

separated/divorced

Prior to abduction, a decision on the above child's custody had already been made:

No Yes, in (Country): _____ On (Day/Month/Year): ___/___/_____,

If so: Yes, joint custody Yes, to the father Yes, to the mother

Yes, to the social services of: (Country and Municipality): _____

Other (e.g.: forfeiture or stay of parental responsibility): _____

I have reported the child abduction to Police Authorities: Yes No