



**MINISTRY OF JUSTICE
NATIONAL JUSTICE SECRETARIAT
DEPARTMENT OF ASSET RECOVERY AND INTERNATIONAL LEGAL COOPERATION
FEDERAL ADMINISTRATIVE CENTRAL AUTHORITY**

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REQUEST FOR INTERNATIONAL LEGAL COOPERATION - PCJI

1980 Hague Convention on the Civil Aspects of International Child Abduction

LIST OF ATTACHED DOCUMENTS

(MANDATORY)

Please note: all attached documents must be translated into the official language of the country/region where the child(ren) are located, and sworn translations are not required.

<input type="checkbox"/>	Applicant's identity document
<input type="checkbox"/>	Child(ren)'s birth certificate
<input type="checkbox"/>	Agreement or court decision regarding custody and/or the exercise of visitation rights
<input type="checkbox"/>	School statement proving that the child(ren) were studying in Brazil before the abduction
<input type="checkbox"/>	Other documents proving that the child(ren) resided in Brazil before the abduction (proof of habitual residence)
<input type="checkbox"/>	Recent photograph of the child(ren)
<input type="checkbox"/>	Recent photograph of the person who allegedly took the child(ren)
<input type="checkbox"/>	Proposed agreement for the return of the child(ren) to Brazil
<input type="checkbox"/>	Power of attorney, if any
<input type="checkbox"/>	Report of the situation (place day time, circumstances)
	Others:

REQUEST INFORMATION

Type of request: [] return [] visit
Requested country:
Address where the children can be found:
Date of abduction: ____ / ____ / ____
Date the applicant learned of the abduction: ____ / ____ / ____
Interest in conciliation: [] yes [] no
Does the applicant have access/contact with the child? [] yes [] no

CHILD 1

Full name:
Gender: [] male [] female
Date of Birth ____ / ____ / ____
Nationality:
Passport No:

CHILD 2
Full name:
Gender: [] male [] female
Date of Birth: ____ / ____ / ____
Nationality:
Passport No:

CHILD 3
Full name:
Gender: [] male [] female
Date of Birth: ____ / ____ / ____
Nationality:
Passport No:

PARENTS' INFORMATION

FATHER	
Name:	
Situation: [] applicant [] respondent	
Date of birth: ____ / ____ / ____	
Nationality:	
Passport No:	
Other documents:	
Profession:	
Address:	
Cell phone / e-mail (required):	
Languages:	
If you have a lawyer	Full name: ID: Contact:

MOTHER	
Name:	
Situation: [] applicant [] requested	
Date of birth:	
Nationality:	
Passport No:	
Other documents:	
Profession:	
Address:	
Cell phone / e-mail (required):	
Languages:	
If you have a lawyer	Full name: ID: Contact:

COMPLEMENTARY INFORMATION

INFORMATION ON THE APPLICANT (IF NOT A PARENT)	
Name:	
Relationship with children:	
Languages:	
Date of birth:	
Nationality:	
Passport No:	
Other documents:	
Address:	
E-mail and cell phone (required):	
If you have a lawyer	Full name: ID: Contact:

INFORMATION OF THE DEFENDANT (IF NOT A PARENT)	
Name:	
Relationship with children:	
Languages:	
Date of birth:	
Nationality:	
Passport No:	
Other documents:	
Address:	
E-mail and cell phone (required):	
If you have a lawyer	Full name: ID: Contact:

OTHER RELEVANT INFORMATION

Examples: facts and circumstances of the transfer/retention, pending or concluded legal proceedings, reasons that give the applicant the right to request the return of the children, information from persons who have information about the children, availability of travel, proposed agreement

DECLARATION OF CONSENT

I authorize the Central Authorities (applicant and respondent) and their agents to represent me in all matters concerning or relating to this application, pursuant to Article 28 of the 1980 Hague Convention on the Civil Aspects of International Child Abduction.

Applicant's signature

Place/Date