

Form F38.06A: Notice of Application to the Central Authority and Contact Judge for the Return of a Child (Family Law)



In the Supreme Court of Newfoundland and Labrador (General/Family)

FOR COURT USE ONLY
COURT FILE NO: _____
CENTRAL DIVORCE REGISTRY NO: _____
Filed at _____, Newfoundland and Labrador, this _____ day of _____, 20____.
_____ Registry Clerk of the Supreme Court of Newfoundland and Labrador

BETWEEN: _____ APPLICANT
(Print full name)

AND: _____ RESPONDENT
(Print full name)

AND: _____
(Print full name)

NOT APPLICABLE
 SECOND APPLICANT
 SECOND RESPONDENT

TAKE NOTICE that an application for the return of a child pursuant to the *Hague Convention on International Child Abduction* has been made in the above noted proceeding.

FOR COURT USE ONLY
HEARING DATE
A hearing for this application is scheduled to be heard in the Supreme Court of Newfoundland and Labrador:
Location: Supreme Court in _____, Newfoundland and Labrador
Address: _____
Date: _____
Time: _____ am / pm

Form F38.04A: Originating Application for the Return of a Child (Family Law)



**In the Supreme Court of
Newfoundland and Labrador
(General/Family)**

FOR COURT USE ONLY
COURT FILE NO: _____
CENTRAL DIVORCE REGISTRY NO: _____
Filed at _____, Newfoundland and Labrador, this _____ day of _____, 20____.
_____ Registry Clerk of the Supreme Court of Newfoundland and Labrador

BETWEEN: _____ APPLICANT
(Print full name)

AND: _____ RESPONDENT
(Print full name)

AND: _____
(Print full name)

NOT APPLICABLE
 SECOND APPLICANT
 SECOND RESPONDENT

Notice to the Respondent

An application for the return of a child pursuant to the *Hague Convention on International Child Abduction* has been made against you. The details are set out in the attached Originating Application for the Return of a Child.

You have **7 days** to file a Response (Form F6.02A) and file it at the Supreme Court of Newfoundland and Labrador, Trial Division. You must also attend the hearing (details below). If you do not file a Response or attend the scheduled hearing, the Court may proceed and make an order without hearing from you.

FOR COURT USE ONLY
HEARING DATE
A return date to schedule the hearing for this application will be heard in the Supreme Court of Newfoundland and Labrador:
Location: Supreme Court in _____, Newfoundland and Labrador
Address: _____
Date: _____
Time: _____ am / pm

Part A The Order(s) Sought

I hereby seek an order for the return of the following child(ren) under the *Hague Convention on International Child Abduction*.

	Child 1	Child 2
Child's Full Name		
Mother's Full Name		
Father's Full Name		
Date of Birth (month/day/year)		
Gender		
Child is Currently Living With (Name)		
Disabilities and/or Special Needs		

Check this box if there are more than 2 children. Attach an extra page to provide the details of those children.

Part B Details of the Parties

Applicant Information

Fill in your information below:

If you have safety concerns and do not want to provide your contact information, you may provide alternate contact information below. You must still provide the Court with your actual contact information in a sealed envelope. This envelope will not be available to the other party.

Current Last Name		Last Name at Birth:
First Name		
Middle Name(s) (if any)		
Gender		
Residential Address		
	Street Address	City Province Postal Code
Mailing Address (if different from Residential Address)		
	Street Address or PO Box	City Province Postal Code
Telephone Number (if any)	Home:	Cell:
Fax Number (if any)		
Email Address (if any)		
Date of Birth	Month:	Day: Year:
Occupation(s) or Job(s)		

Citizen / Immigration Status	<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Foreign National		
Are you a registered Indian under the <i>Indian Act</i>?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the name of your band?	
		Do you live on a reserve?	
Do you need an interpreter?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please note that the Court is not responsible for any interpreter fees in family matters.	If yes, state the language and dialect:	
Lawyer's Name, Telephone Number, and Address (if any)			

Respondent Information

Fill in the Respondent's information below (to the best of your knowledge):

Current Last Name		Last Name at Birth:	
First Name			
Middle Name(s) (if any)			
Gender			
Residential Address			
	<i>Street Address</i>	<i>City</i>	<i>Province</i> <i>Postal Code</i>
Mailing Address (if different from Residential Address)			
	<i>Street Address or PO Box</i>	<i>City</i>	<i>Province</i> <i>Postal Code</i>
Telephone Number (if any)	Home:	Cell:	
Fax Number (if any)			
Email Address (if any)			
Date of Birth	Month:	Day:	Year:
Occupation(s) or Job(s)			
Citizen / Immigration Status	<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Foreign National		
Is the Respondent a registered Indian under the <i>Indian Act</i>?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the name of his/her band?	
		Does he/she live on a reserve?	
Do you need an interpreter?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please note that the Court is not responsible for any interpreter fees in family matters.	If yes, state the language and dialect:	
Lawyer's Name, Telephone Number, and Address (if any)			

Statement of Truth

You must swear or affirm that the facts and information that you have written in this Originating Application for the Return of a Child and the attachments is the truth. You must swear or affirm and sign this Statement of Truth in front of a commissioner of oaths, notary public, justice of the peace, or lawyer. Court Registry staff are commissioners of oaths and you may sign this application at the Court when you file it.

I declare the facts and information of this Originating Application for the Return of a Child are true to the best of my knowledge and belief.

SWORN TO or AFFIRMED at _____, this _____ day of _____, 20____.

Signature of Applicant

Signature of Person Authorized to Administer Oaths

Lawyer's Signature for Fee Waiver

I am employed by the Newfoundland and Labrador Legal Aid Commission or a Newfoundland and Labrador government department under the *Executive Council Act* and I am the lawyer of record in this matter.

Signature of Lawyer (if any)

Print Name of Lawyer (if any)

Form F38.04B: Affidavit in Support of Originating Application for the Return of a Child (Family Law)



**In the Supreme Court of
Newfoundland and Labrador
(General/Family)**

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Filed at _____, Newfoundland and Labrador, this _____ day of _____, 20____.
_____ Registry Clerk of the Supreme Court of Newfoundland and Labrador

BETWEEN: _____ APPLICANT
(Print full name)

AND: _____ RESPONDENT
(Print full name)

AND: _____ NOT APPLICABLE
(Print full name) SECOND APPLICANT
 SECOND RESPONDENT

I, _____, the Applicant Respondent Other:
(Print your name)

swear or affirm and say as follows:

I have personal knowledge of the matters referred to herein except where otherwise specified.

I make this application in support of my Application for the return of the following child(ren) under the *Hague Convention on International Child Abduction* (for the return of a child from outside Canada)

Child's Full Name	
Date of Birth (month/day/year)	

Child's Full Name	
Date of Birth (month/day/year)	

At what address does the child(ren) habitually (normally) live?

Set out all of the available facts and information that you have relating to the whereabouts of the child(ren):

Set out all the available facts and information that you have regarding the identity of the person that the child(ren) is/are presumed to be with:

Set out your reasons for making the application:

Provide the details of any ongoing court proceedings, court orders, written agreements, and/or laws relating to the custody and/or access of the child(ren).

Statement of Truth

You must swear or affirm that the facts and information that you have written in this Affidavit and any attachments is the truth. You must swear or affirm and sign this Statement of Truth in front of a commissioner of oaths, notary public, justice of the peace, or lawyer. Court Registry staff are commissioners of oaths and you may sign this application at the Court when you file it.

I declare the facts and information of this Affidavit are true to the best of my knowledge and belief.

SWORN TO or AFFIRMED at _____, this _____ day of _____, 20_____.

Signature

Signature of Person Authorized to Administer Oaths