



United States Department of State

Washington, D.C. 20520

Voluntary Return Letter Acknowledgement

Dear Applicant:

Pursuant to Article 7 of the 1980 Convention on the Civil Aspects of International Child Abduction (Convention), and to encourage voluntary resolutions to International Parental Child Abduction cases, the U.S. Central Authority often sends a Voluntary Return Letter to the parent currently living with the child informing him or her of the application for return of the child/ren to their habitual residence under the Convention. The letter also provides general information about the Convention, explains our role as Central Authority, and informs the parent that if a voluntary resolution is not reached, court proceedings may be initiated by the other parent.

The U.S. Central Authority sends this letter as part of our regular process, but recognizes that sending such a letter may not be appropriate in all cases. For this reason, we ask you to consider your family's circumstances and inform our office as to whether or not you would like us to send the letter.

Please note the decision to send the letter rests solely with the U.S. Central Authority. Sending such a letter should not be considered a judgment by our office as to the merits of any particular case. Should our office determine that it is appropriate under the Convention to send a Voluntary Return Letter in your case, we will provide you with a copy of the letter that is sent.

Please complete and sign the statement below.

I, _____ (applicant parent), ask the U.S. Central Authority to:

- Yes, send Voluntary Return Letter
- No, please DO NOT send Voluntary Return Letter.

to _____ (parent with child) under the Hague Convention as a way to seek a voluntary resolution of my case. If selecting "No" please explain the reason:

Signature _____ Date _____



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Authorization to Release Case Information
For use by the U.S. Department of State, Office of Children's Issues

I, _____ (name), the _____ (relationship to child/ren) of the child/ren listed below, authorize the Office of Children's Issues to release information about myself and/or my minor child/ren to prospective and retained attorneys and mediators in the United States.

Name of child: _____ DOB: _____
Name of child: _____ DOB: _____
Name of child: _____ DOB: _____
Name of child: _____ DOB: _____

Is the child/ren a citizen of the United States? ___ Yes ___ No
Is the child/ren a permanent legal resident of the United States? ___ Yes ___ No

In the event that persons or organizations other than prospective attorneys request information regarding your child/ren's case, The Office of Children's Issues may release information to:

Family Members and/or Friends: ___ Yes ___ No

Please list full names and relationship to child:

Media organizations (newspaper, television, etc.) ___ Yes ___ No
Members of the U.S. Congress ___ Yes ___ No

Signature of Applicant _____

Date _____



CONSULAR OFFICES OF THE UNITED STATES OF AMERICA

AUTHORIZATION FOR THE RELEASE OF INFORMATION UNDER THE PRIVACY ACT

In accordance with the Privacy Act (PL 93-579) passed by Congress in 1974, a U.S. Consular Office cannot release any information regarding you to anyone without your written consent except as set forth in the Act. Please complete the authorization below, specifying whom a U.S. Consular Office may contact and to whom to release information with regard to your case. Please return the completed authorization to a U.S. Consular Office. Local language translations are acceptable to facilitate completion of the form in English.

The U.S. Government, by providing the Authorization for the Release of Information Under the Privacy Act Form, cannot under any circumstances compel an individual to complete and submit the form. PLEASE CAREFULLY CONSIDER TO WHOM, AND WHAT INFORMATION IS BEING DISCLOSED.

IMPORTANT: You are not obliged to grant anyone access to information regarding you but failure to provide the information requested on this form may make it more difficult, or impossible, for the Department of State or the U.S. Consular Office to assist you.

Your Full Name (Last, First, MI)

Born At: Place of Birth (City, State/Province, Country)

On: Date of Birth (mm-dd-yyyy)

SECTION A

I hereby authorize the U.S. Consular Office of the United States of America and the U.S. Department of State to release information regarding me to the following individuals :

Name (Last, First)	Telephone Number	Address	Relationship

IN THE EVENT OTHER PERSONS REQUEST INFORMATION REGARDING MY CASE, INFORMATION CAN BE RELEASED TO THE FOLLOWING:

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Family (Other than Those Listed Under Section A) |
| <input type="checkbox"/> | <input type="checkbox"/> | Friends (Other than Those Listed Under Section A) |
| <input type="checkbox"/> | <input type="checkbox"/> | Individual Members of Congress and Staff |
| <input type="checkbox"/> | <input type="checkbox"/> | Members of the Media |
| <input type="checkbox"/> | <input type="checkbox"/> | The General Public |
| <input type="checkbox"/> | <input type="checkbox"/> | Employer |

Please review the form before signing. Information will only be released under Section A if requested and if we have your signed authorization.

Signature of the Applicant
(Please Sign In Black or Blue Ink)

City, Country

Print Your Name

Date (mm-dd-yyyy)

PRIVACY ACT STATEMENT

This information is needed to assist you in your present need for consular services. The primary purpose for soliciting this information is to establish your citizenship, identity, and entitlement to welfare protection services offered by the U.S. Government.

The U.S. Department of State is committed to ensuring that any personal information received is safeguarded against unauthorized disclosure. The data you provide is subject to the provisions of the Privacy Act (5 U.S.C. 552a). This means that the U.S. Department of State will not disclose the information you provide unless you have given us written authorization to do so, or unless the disclosure is otherwise permitted under the provisions of the Act or in accordance with our routine uses published in Title 22 of the Code of Federal Regulations. The information solicited on this form may be made available as a routine use to other government agencies for law enforcement and administrative purposes. For further information on routine uses, please visit <http://www.state.gov/documents/organization/102787.pdf>.

****ADDITIONAL INFORMATIONS****

***Photographs** of the child(ren) and taking parent, in color if possible

***Phone number** in the United States for the taking parent :

***Translations services:** indications whether the applicant requires translation services, for purposes of communicating with the attorney.

Yes

State the preferred language :

No

***Ability to travel:** indication whether the applicant is able to travel to the US for the Hague hearing

Yes

No

If not, please explain why :

.....
.....

***Mediation Interest:** indication whether the applicant is interested in mediation as a possible remedy

Yes

No



Hague Convention Attorney Network Assistance, 2023
Hague Convention on the Civil Aspects of International Child Abduction

Please review the 2023 Legal Assistance Income Guidelines chart to determine your eligibility to request the U.S. Central Authority's assistance in identifying pro bono (free) or reduced fee legal representation for your Hague Convention case in the United States.

Complete and return this application to your Central Authority. Keep a copy for your records.

Table with 3 columns: Household size, PRO BONO (Maximum annual income), and REDUCED FEE (Maximum annual income). Rows range from household size 1 to 8.

Maximum annual income. This means your total annual income, before taxes, from all sources, converted to U.S. dollars.

Household size. Count yourself, the child/ren about whom you have filed a Hague application, and others living with you.

My household size: _____ (The number should not be "1.")

My total annual income (before taxes): _____ (in my currency) OR in US \$ _____

My occupation/employment: _____

Do you currently have an attorney in the United States for your Hague Convention case (or for a child custody/access case)? NO ___ YES ___ If YES, attorney's name/phone/email: _____

Please review the income guidelines and read IMPORTANT INFORMATION on the next page before making your request. Consider your income and your assets. It may be faster and easier to find an attorney if you can afford to pay some amount for legal services. Request only one option. I believe that I am eligible to request:

___ Pro Bono (free) legal assistance OR ___ Reduced fee legal assistance OR ___ A list of full fee attorneys

Signature _____ Date _____

Print your name _____ Email _____

Home phone _____ Mobile phone _____

Hague Convention Attorney Network Assistance, 2023: IMPORTANT INFORMATION

- The U.S. Central Authority may ask you for additional information to verify your eligibility to request assistance identifying *pro bono* (free) or reduced fee legal representation.
- If you are not forthcoming or in error in your self-assessment as determined by a legal aid organization or private attorney reviewing your case, the U.S. Central Authority may limit any further assistance in helping you find legal representation.
- Legal representation may be offered by attorneys in private practice, by attorneys working for legal aid organizations, and by law professors and law students working under their supervision. **There is no guarantee that an attorney will take your case. There is no entitlement to receive *pro bono* or reduced fee legal assistance in a Hague Abduction Convention case.**
- **Eligibility for *pro bono* or reduced fee legal assistance:** We ask you to assess your eligibility for legal assistance based on total annual income, before taxes, from **all** sources (which includes members of your household who contribute to the support of the family unit). Be prepared to provide more detailed financial information to attorneys that may require it to determine if you meet **their** criteria for *pro bono* or reduced fee legal services.

In order to qualify for free legal assistance from most legal aid organizations, your total income **and assets** must be below a certain level. Legal aid organizations may also consider program priorities in deciding whether to accept a case. Attorneys in private practice likewise may ask about assets (*e.g.*, bank accounts, stocks, bonds, houses, cars, and other real and personal property), and for a copy of your tax return. They may offer you *pro bono* (free), reduced fee, or full fee representation depending on your financial situation. The Department of State plays **no** role in setting, negotiating, collecting, or anything else related to fees. If you can afford reduced fee or full fee legal assistance based on your income and assets, check the appropriate box.

- **Attorney fees:** Legal aid organizations provide free legal services. Private attorneys may represent you *pro bono* (for free) or charge fees for their services. Fee arrangements are strictly between you and the attorney. The Department of State plays **no** role in setting, negotiating, collecting, or anything else related to fees. If you would like general information about reduced fees, please visit the Department of State website, <https://travel.state.gov/content/travel/en/International-Parental-Child-Abduction/for-providers/laws/hague-abduction-convention-legal-representation-options.html>.
- **Costs and expenses:** Litigation often includes costs and expenses in addition to attorney fees. Ask attorneys about any costs and expenses associated with your case that you may be expected to pay. The Department plays no role in the construction or negotiation of fees or costs.

Legal aid organizations may cover some or all of the costs and expenses associated with your Hague Convention case. Most private attorneys will expect you to pay costs and expenses even when they provide their legal services *pro bono* (for free) or for reduced fees. You should expect to pay costs and expenses in full fee cases.

Costs and expenses may include, but are not limited to, filing fees, service of process on the other party, phone calls, travel expenses, document duplication, translations, and expert witnesses. For appellate cases, trial transcripts may be an additional expense. Costs and expenses may be as much as \$1000 or more, and may vary depending on the particular case. Courts may waive filing fees and service-related costs based on need. You may be able to recover the costs and expenses you paid, and attorney fees, if a court orders your child returned to his/her country of habitual residence.

- The “2023 Legal Assistance Income Guidelines” are based on Legal Service Corporation (“LSC”) maximum income levels for individuals eligible for legal assistance. LSC typically updates the guidelines annually to reflect annual amendments to Federal Poverty Guidelines. The guidelines are published in the Code of Federal Regulations, 45 CFR Part 1611, Appendix A. The Federal Register notice of the 2023 income guidelines (88 FR 7010, Feb. 2, 2023) is available at <https://www.federalregister.gov/documents/2023/02/02/2023-02179/income-level-for-individuals-eligible-for-assistance>. *The tables on the chart are for the 48 contiguous states and the District of Columbia. Special tables for Hawaii and Alaska are available on the website.