

**APPLICATION FORM WITH A VIEW TO THE RECOGNITION, DECLARATION OF ENFORCEABILITY OR ENFORCEMENT OF A  
DECISION IN MATTERS RELATING TO MAINTENANCE OBLIGATIONS**

(Articles 56 and 57 of Council Regulation (EC) No 4/2009 of 18 December 2008 on jurisdiction, applicable law, recognition and enforcement of decisions and cooperation in matters relating to maintenance obligations <sup>(1)</sup>)

**PART A: To be completed by the requesting Central Authority**

**1. Application**

- Application for recognition or for recognition and declaration of enforceability of a decision (Article 56(1)(a))
- Application for recognition of a decision (Article 56(2)(a))
- Application for enforcement of a decision given or recognised in the requested Member State (Article 56(1)(b))

**2. Requesting Central Authority**

**2.1. Name:**

**2.2. Address:**

**2.2.1. Street and number/PO box:**

**2.2.2. Place and postal code:**

**2.2.3. Member State**

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| <input type="checkbox"/> Belgium | <input type="checkbox"/> Bulgaria  | <input type="checkbox"/> Czech Republic |
| <input type="checkbox"/> Germany | <input type="checkbox"/> Estonia   | <input type="checkbox"/> Ireland        |
| <input type="checkbox"/> Greece  | <input type="checkbox"/> Spain     | <input type="checkbox"/> France         |
| <input type="checkbox"/> Croatia | <input type="checkbox"/> Italy     | <input type="checkbox"/> Cyprus         |
| <input type="checkbox"/> Latvia  | <input type="checkbox"/> Lithuania | <input type="checkbox"/> Luxembourg     |
| <input type="checkbox"/> Hungary | <input type="checkbox"/> Malta     | <input type="checkbox"/> Netherlands    |
| <input type="checkbox"/> Austria | <input type="checkbox"/> Poland    | <input type="checkbox"/> Portugal       |
| <input type="checkbox"/> Romania | <input type="checkbox"/> Slovenia  | <input type="checkbox"/> Slovakia       |
| <input type="checkbox"/> Finland | <input type="checkbox"/> Sweden    | <input type="checkbox"/> United Kingdom |

**2.3. Telephone:**

**2.4. Fax:**

**2.5. E-mail:**

**2.6. Reference number of the application:**

Application to be handled with the application(s) bearing the following reference number(s):

**2.7. Person responsible for following up the application:**

**2.7.1. Surname and given name(s):**

**2.7.2. Telephone:**

**2.7.3. E-mail:**

<sup>(1)</sup> OJ L 7, 10.1.2009, p. 1.

### 3. Requested Central Authority

#### 3.1. Name:

#### 3.2. Address:

##### 3.2.1. Street and number/PO box:

##### 3.2.2. Place and postal code:

##### 3.2.3. Member State

- |                                  |                                    |   |
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| <input type="checkbox"/> Romania | <input type="checkbox"/> Slovenia  | <input type="checkbox"/> Slovakia       |
| <input type="checkbox"/> Finland | <input type="checkbox"/> Sweden    | <input type="checkbox"/> United Kingdom |

#### 4. Documents attached (\*) to the application in the case of a decision made in a Member State

- A copy of the decision/court settlement/authentic instrument
- An extract from the decision/court settlement/authentic instrument using the form set out in Annex I, Annex II, Annex III or Annex IV
- A transliteration or translation of the contents of the form set out in Annex I, Annex II, Annex III or Annex IV
- Where appropriate, a copy of the decision on the declaration of enforceability
- A document showing the amount of any arrears and the date such amount was calculated
- A document indicating that the applicant has benefited from legal aid or from exemption from costs and expenses
- A document indicating that the applicant has benefited from free proceedings before an administrative authority in the Member State of origin, and confirming that the applicant fulfils the financial requirements to qualify for legal aid or exemption from costs and expenses
- A document establishing the right of the public body to apply for reimbursement of benefits paid to the creditor and justifying the payment of such benefits
- Other (please specify):

#### 5. Documents attached (\*) to the application in the case of a decision made in a third State

- The complete text of the decision
- A summary of or extract from the decision drawn up by the competent authority of the State of origin
- A document stating that the decision is enforceable in the State of origin and, in the case of a decision by an administrative authority, a document stating that the requirements of Article 19(3) of the 2007 Hague Convention are met
- If the defendant did not appear and was not represented in the proceedings in the State of origin, a document or documents attesting, as appropriate, either that the defendant had proper notice of the proceedings and an opportunity to be heard, or that the defendant had proper notice of the decision and the opportunity to challenge it or appeal it on fact and law
- A document showing the amount of any arrears and the date such amount was calculated
- A document providing the information necessary to make appropriate calculations in the case of a decision providing for automatic adjustment by indexation
- A document showing the extent to which the applicant received free legal assistance in the State of origin
- Other (please specify):

(\*) Please put a cross in the boxes which apply and number the documents in the order in which they are attached.

Total number of documents attached to the application form:

Done at:

on

/ /

(dd/mm/yyyy)

Name and signature of the authorised official of the requesting Central Authority:

**PART B: To be completed by the applicant or, as appropriate, by the person/authority authorised in the requesting Member State to complete the form on the applicant's behalf**

## 6. Application

6.1.  *Application for recognition or for recognition and declaration of enforceability of a decision*

**The application is based on:**

6.1.1.  Chapter IV, Section 2, of Regulation (EC) No 4/2009

6.1.2.  The 2007 Hague Convention

6.1.2.1. **Indicate the basis for recognition and enforcement under Article 20 of the 2007 Hague Convention:**

6.1.2.2. **The defendant has appeared or been represented in the proceedings in the State of origin:**

Yes

No

6.1.3.  The national law of the requested Member State

6.1.4.  Other (please specify):

6.2.  *Application for enforcement of a decision given or recognised in the requested Member State*

## 7. Decision

7.1. **Date and reference number:**

7.2. **Name of the court of origin:**

## 8. Applicant

### 8.1. *Natural person*

8.1.1. **Surname and given name(s):**

8.1.2. **Date (dd/mm/yyyy) and place of birth:**

8.1.3. **Identify number or social security number (\*):**

(\*) If available.

**8.1.4. Nationality:**

**8.1.5. Profession:**

**8.1.6. Marital status:**

**8.1.7. Address:**

- The address given below is the applicant's personal address.  
 The applicant is in a situation of family violence. The address given below is an address care of:

(surname and given name(s)) (\*\*)

**8.1.7.1. Street and number/PO box:**

**8.1.7.2. Place and postal code:**

**8.1.7.3. Member State**

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| <input type="checkbox"/> Romania | <input type="checkbox"/> Slovenia  | <input type="checkbox"/> Slovakia       |
| <input type="checkbox"/> Finland | <input type="checkbox"/> Sweden    | <input type="checkbox"/> United Kingdom |

**8.1.8. Telephone/E-mail:**

**8.1.9. Has benefited from:**

**8.1.9.1. legal aid:**

- Yes  No

**8.1.9.2. exemption from costs and expenses:**

- Yes  No

**8.1.9.3. free proceedings before an administrative authority listed in Annex X to Regulation (EC) No 4/2009:**

- Yes  No

**8.1.10. Where appropriate, surname, given name(s) and details of applicant's representative (lawyer, etc.):**

**8.2. Public body**

**8.2.1. Name:**

**8.2.2. Address:**

**8.2.2.1. Street and number/PO box:**

(\*\*) The national law of the requested Member State may, however, require the applicant to provide his/her personal address for the purposes of the proceedings (see Article 57(3) of Regulation (EC) No 4/2009).

**8.2.2.2. Place and postal code:**

**8.2.2.3. Member State**

- |                                  |                                    |   |
|----------------------------------|------------------------------------|---|
| <input type="checkbox"/> Belgium | <input type="checkbox"/> Bulgaria  | <input type="checkbox"/> Czech Republic |
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| <input type="checkbox"/> Romania | <input type="checkbox"/> Slovenia  | <input type="checkbox"/> Slovakia       |
| <input type="checkbox"/> Finland | <input type="checkbox"/> Sweden    | <input type="checkbox"/> United Kingdom |

**8.2.3. Telephone/Fax/E-mail:**

**8.2.4. Name of the person representing the body in the proceedings (\*):**

**8.2.5. Person responsible for following up the application:**

**8.2.5.1. Surname and given name(s):**

**8.2.5.2. Telephone:**

**8.2.5.3. Fax:**

**8.2.5.4. E-mail:**

**9. Defendant**

**9.1. Surname and given name(s):**

**9.2. Date (dd/mm/yyyy) and place of birth (\*\*):**

**9.3. Identity number or social security number (\*\*):**

**9.4. Nationality (\*\*):**

**9.5. Profession (\*\*):**

**9.6. Marital status (\*\*):**

**9.7. Address (\*\*):**

**9.7.1. Street and number/PO box:**

**9.7.2. Place and postal code:**

(\*) If relevant.

(\*\*) If this information is available.

**9.7.3. Member State**

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| <input type="checkbox"/> Belgium | <input type="checkbox"/> Bulgaria  | <input type="checkbox"/> Czech Republic |
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| <input type="checkbox"/> Romania | <input type="checkbox"/> Slovenia  | <input type="checkbox"/> Slovakia       |
| <input type="checkbox"/> Finland | <input type="checkbox"/> Sweden    | <input type="checkbox"/> United Kingdom |

**10. Any other information that may help locate the defendant:**

**11. Person(s) for whom maintenance is sought or owed (\*)**

- 11.1.  The person is the same as the applicant named in point 8
- 11.2.  The person is the same as the defendant named in point 9
- 11.3.  The applicant  The defendant

is the representative(\*\*) defending the interests of the following person(s):

**11.3.1. Person A**

11.3.1.1. Surname and given name(s):

11.3.1.2. Date (dd/mm/yyyy) and place of birth:

11.3.1.3. Identify number or social security number (\*\*\*):

11.3.1.4. Nationality (\*\*\*):

11.3.1.5. Profession (\*\*\*):

11.3.1.6. Marital status (\*\*\*):

**11.3.2. Person B**

11.3.2.1. Surname and given name(s):

11.3.2.2. Date (dd/mm/yyyy) and place of birth:

11.3.2.3. Identify number or social security number (\*\*\*):

(\*) If more than three persons, attach an additional sheet.  
(\*\*) For example the person with parental responsibility or the guardian of a protected adult.  
(\*\*\*) If this information is available and/or relevant.

11.3.2.4. Nationality (\*\*):

11.3.2.5. Profession (\*\*):

11.3.2.6. Marital status (\*\*):

### 11.3.3. Person C

11.3.3.1. Surname and given name(s):

11.3.3.2. Date (dd/mm/yyyy) and place of birth:

11.3.3.3. Identity number or social security number (\*\*):

11.3.3.4. Nationality (\*\*):

11.3.3.5. Profession (\*\*):

11.3.3.6. Marital status (\*\*):

### 12. Debtor

12.1.  The person is the same as the applicant named in point 8

12.2.  The person is the same as the defendant named in point 9

12.3.

The applicant

The defendant

is the representative (\*) defending the interests of the following person:

12.3.1. Surname and given name(s):

12.3.2. Date (dd/mm/yyyy) and place of birth:

12.3.3. Identity number or social security number (\*):

12.3.4. Nationality (\*):

12.3.5. Profession (\*):

12.3.6. Marital status (\*):

### 13. Information regarding payment, if the application is made by the creditor

#### 13.1. Payment by electronic means

13.1.1. Name of the bank:

(\*) If more than three persons, attach an additional sheet.

(\*\*) For example the person with parental responsibility or the guardian of a protected adult.

(\*\*\*) If this information is available and/or relevant.

13.1.2. BIC or other relevant bank code:

13.1.3. Account holder:

13.1.4. International Bank Account Number (IBAN):

13.2. *Payment by cheque*

13.2.1. Cheque payable to:

13.2.2. Cheque to be sent to

13.2.2.1. Surname and given name(s):

13.2.2.2. Address:

13.2.2.2.1. Street and number/PO box:

13.2.2.2.2. Place and postal code:

13.2.2.2.3. Country:

14. Additional information (where applicable):

<p>Done at:</p> <p>on</p> <p>  /  /</p> <p>(dd/mm/yyyy)</p> <p>Signature of applicant:</p> <p>and/or, where appropriate:</p> <p>Name and signature of the person/authority authorised in the requesting Member State to complete the form on the applicant's behalf:</p>
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