

# 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)

<b>FOR COURT USE ONLY</b>
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: \_\_\_\_\_  NOT APPLICABLE  
(Print full name)  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.

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

<b>FOR COURT USE ONLY</b>
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: _____ <span style="display: block; text-align: center; font-size: small;">(Print full name)</span>	APPLICANT
AND: _____ <span style="display: block; text-align: center; font-size: small;">(Print full name)</span>	RESPONDENT
AND: _____ <span style="display: block; text-align: center; font-size: small;">(Print full name)</span>	<input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> SECOND APPLICANT <input type="checkbox"/> 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.

<b>FOR COURT USE ONLY</b>
<b>HEARING DATE</b>
A return date to schedule the hearing for this application will be heard in the Supreme Court of Newfoundland and Labrador:
<b>Location:</b> Supreme Court in _____, Newfoundland and Labrador
<b>Address:</b> _____
<b>Date:</b> _____
<b>Time:</b> _____ 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
<b>Child's Full Name</b>		
<b>Full Name of Each Parent of the Child (place each name on a separate line)</b>		
<b>Date of Birth</b> <i>(month/day/year)</i>		
<b>Gender</b>		
<b>Child is Currently Living With</b> <i>(Name)</i>		
<b>Disabilities and/or Special Needs</b>		

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.

<b>Current Last Name</b>		Last Name at Birth:		
<b>First Name</b>				
<b>Middle Name(s) (if any)</b>				
<b>Gender</b>				
<b>Residential Address</b>				
	<i>Street Address</i>	<i>City</i>	<i>Province</i>	<i>Postal Code</i>
<b>Mailing Address</b> (if different from Residential Address)				
	<i>Street Address or PO Box</i>	<i>City</i>	<i>Province</i>	<i>Postal Code</i>
<b>Telephone Number (if any)</b>	Home:		Cell:	
<b>Fax Number (if any)</b>				
<b>Email Address (if any)</b>	Please note that if you provide your email address, the Court may contact you by email.			
<b>Date of Birth</b>	Month:	Day:	Year:	
<b>Occupation(s) or Job(s)</b>				
<b>Citizen / Immigration Status</b>	<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Foreign National			
<b>Are you a registered Indian under the <i>Indian Act</i>?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is the name of your band?	
			Do you live on a reserve?	
<b>Will you need an interpreter in court?*</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, state the language and dialect:	
<b>Lawyer's Name, Telephone Number, and Address (if any)</b>				

\* Please note that you must arrange to have a qualified interpreter appear in court and you will be responsible for any fees associated with this, unless a judge orders otherwise.

**Respondent Information**

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

<b>Current Last Name</b>		Last Name at Birth:		
<b>First Name</b>				
<b>Middle Name(s) (if any)</b>				
<b>Gender</b>				
<b>Residential Address</b>				
	<i>Street Address</i>	<i>City</i>	<i>Province</i>	<i>Postal Code</i>
<b>Mailing Address</b> (if different from Residential Address)				
	<i>Street Address or PO Box</i>	<i>City</i>	<i>Province</i>	<i>Postal Code</i>
<b>Telephone Number (if any)</b>	Home:		Cell:	
<b>Fax Number (if any)</b>				
<b>Email Address (if any)</b>				
<b>Date of Birth</b>	Month:	Day:	Year:	
<b>Occupation(s) or Job(s)</b>				
<b>Citizen / Immigration Status</b>	<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Foreign National			
<b>Is the Respondent a registered Indian under the Indian Act?</b>	<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?	
<b>Lawyer's Name, Telephone Number, and Address (if any)</b>				

## 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)**

<b>FOR COURT USE ONLY</b>
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: \_\_\_\_\_  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)

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

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

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 **current** or **ongoing** court proceedings, court orders, and/or written agreements involving you, the Respondent(s), and/or the children. This includes all Provincial Court matters, criminal matters, proceedings in other provinces or countries, peace bonds, emergency protection orders, restraining orders, no-contact orders, safety plans, family centered action plans, and kinship care agreements or any other agreements stemming from CSSD involvement.

Check this box if not applicable.

## 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