

**Application for Assistance under the European Union Regulation 2201/2003,  
The Brussels II-regulation**

*(Please note that the application form should be typed or clearly printed in black ink.)*

**To: The Central Authority  
Ministry for Foreign Affairs, Department for Consular Affairs and Civil Law  
SE-103 39 STOCKHOLM, SWEDEN**

**The Application Concerns:**

- Enforcement of a decision regarding parental responsibility in (European Union member state, except Denmark)  
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- Only a declaration that a decision regarding parental responsibility is recognised in (European Union member state, except Denmark)  
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- Enforcement of decision regarding access in (European Union member state, except Denmark)  
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- Enforcement of decision regarding return of child in (European Union member state, except Denmark)  
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- Other measure (please specify the action requested)  
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**1. Grounds for the application**

Judgment/decision or other document on which the application is based (please state date and responsible authority or equivalent):.....  
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- Does the application concern the entire decision/judgment or only part of the decision/judgment?  
.....  
(If only a part, please specify which part.).....  
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Concerning the child (name and date of birth):.....  
.....

**2. Child**

Surname:.....  
First name(s):.....  
Date of birth (day/month/year):.....  
Place of birth (city and country):.....  
Nationality(-ies):.....  
Gender (M/F):.....  
Address of habitual residence:.....  
.....  
.....  
Social Security Number:.....

**3. Persons with Parental responsibility/custodians**

*3.1 Mother*

Surname:.....

First name(s):.....

Date of birth (day/month/year):.....

Place of birth (city and country):.....

Nationality(-ies):.....

Gender (M/F):.....

Address of habitual residence:.....

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Social Security Number:.....

*3.2 Father*

Surname:.....

First name(s):.....

Date of birth (day/month/year):.....

Place of birth (city and country):.....

Nationality(-ies):.....

Gender (M/F):.....

Address of habitual residence:.....

.....

.....

Social Security Number:.....

*3.3 Other*

Surname:.....

First name(s):.....

Date of birth (day/month/year):.....

Place of birth (city and country):.....

Nationality(-ies):.....

Gender (M/F):.....

Address of habitual residence:.....

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.....

Social Security Number:.....

**4. Applicant**

*4.1 Information regarding the applicant*

Surname:.....

First name(s):.....

Date of birth (day/month/year):.....

Place of birth (city and country):.....

Nationality(-ies):.....

Gender (M/F):.....

Address of habitual residence/serving address:.....

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Telephone number(s):.....

Social Security Number:.....

Relation to the child:.....

The applicant's knowledge of languages:.....

Has the applicant been awarded legal aid?.....

*4.2 The applicant's solicitor*

Surname:.....

First name:.....

Title:.....

Firm and address:.....

.....

Telephone number:.....

E-mail:.....

Fax:.....

Knowledge of languages:.....

**5. Miscellaneous information**

*5.1 Legal proceedings*

Current civil law proceedings:.....  
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*5.2 Information regarding the person with whom the child is staying*

Surname:.....  
First name(s):.....  
Date of birth (year/month/day):.....  
Place of birth (city and country):.....  
Nationality(-ies):.....  
Gender (M/F):.....  
Address of habitual residence/serving address:.....  
.....  
.....  
Telephone number:.....  
Relation to the child:.....

*5.3 Other information*

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**6. List of attached documents**

1. Extract in English from the Swedish population register regarding the child and the parents, serving as a birth certificate.
2. Authorized copy of judgment, decision or agreement according to section 1, above, with authenticity certificate.
3. Certificate under *article 39/article 41.1/article 42.1* in the Regulation, in original, from the Court/Authority, which has issued the certificate.
4. Authorized copy of possible decision from the Legal Aid Authority/Board.
5. Power of Attorney for the solicitor, in original.
6. Other (please specify): \_\_\_\_\_

*(Please note that the application should be written in English. The receiving Central Authority may request a translation of this application. For further information, please contact the Ministry for Foreign Affairs.)*

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Place .....

Date .....

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Signature of the applicant or his/her solicitor