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B その他	
日本語 日本語	提出書類
	審査用紙
英語 日本語	提出書類
	提出用紙
英語 日本語	提出書類
	提出用紙
開港する際の事項 他の有無	
<input checked="" type="checkbox"/> 中止せられたりしも、直ぐには開港をしていたりする場合はどちらも、直ぐに開港してから、それからいつまで開港するかの期間を記入して下さい。 <input type="checkbox"/> 開港後はまだしていない。	
<input type="checkbox"/> 開港後はまだしていない。	
<input type="checkbox"/> 中止せられたりしも、直ぐには開港をしていたりする場合はどちらも、直ぐに開港してから、それからいつまで開港するかの期間を記入して下さい。	
開港の時期	
<input type="checkbox"/> 合意によるもの、他の開港の時期と合意せず、中止せられしも、子と同意している場合は、開港日を、施設をセイドウのものへの変更を許す日を記入して下さい。また、開港の時期が定められた場合は、子と同意している場合の開港の時期を記入下さい。 <input type="checkbox"/> 中止せられたりしも、直ぐには開港をしていたりする場合はどちらも、直ぐに開港してから、それからいつまで開港するかの期間を記入して下さい。 <input checked="" type="checkbox"/> 開港後はまだしていない。	
<input type="checkbox"/> 中止せられたりしも、直ぐには開港をしていたりする場合はどちらも、直ぐに開港してから、それからいつまで開港するかの期間を記入して下さい。 <input checked="" type="checkbox"/> 中止せられたりしも、直ぐには開港をしていたりする場合はどちらも、直ぐに開港してから、それからいつまで開港するかの期間を記入して下さい。	
その他の、中止前への要望等	

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外務省、民間の団体等による海外活動の監視規制を強化する方針を示す文書

この申請書及び別添文書の記載は事実に適合なく、
不適切な行為を実行してしまった場合、
(必ずしも一か月を超過してしまった場合)、
□ 国際的な子の海外での本格上の所持に関する認可申請書、及び国際的な子の持主の持主上の本格上の
前記に関する認可申請書第4条に基づき、日本政府は日本国民との親睦の維持のため、
日本政府は日本国民との親睦の維持のため、
日本政府は日本国民との親睦の維持のため、
□ 國際的な子の海外での本格上の所持に関する認可申請書、及び国際的な子の持主の持主上の本格上の
前記に関する認可申請書第1条に基づき、日本政府は日本国民との親睦の維持のため、
日本政府は日本国民との親睦の維持のため、
日本政府は日本国民との親睦の維持のため、

Application for Assistance in Child's Return				
<p>Name: <input type="text"/> Before filling this form, please read the "Guide to making an application for assistance in child's return and follow the instructions.</p> <p>Relationship to child: <input checked="" type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other</p> <p>Address: <input type="text"/> Please indicate all the administrative houses.</p>				
Name:	Surname: <input type="text"/>	First name: <input type="text"/>	Middle name(s): <input type="text"/>	Postcode: <input type="text"/>
	Other names: <input type="text"/>	Date of birth: <input type="text"/> / <input type="text"/> / <input type="text"/>	Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Occupation: <input type="text"/>
Date of birth:	Month: <input type="text"/>	Year: <input type="text"/>		
<p>Nationality: <input type="text"/></p> <p>Relationship with the child: <input checked="" type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other</p> <p>Domestic circumstances: <input type="text"/></p> <p>Employment: <input type="text"/></p>				
<p>Telephone no.: <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/></p> <p>Mobile telephone no.: <input type="text"/> - <input type="text"/> - <input type="text"/></p> <p>Telex no.: <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/></p> <p>Fax no.: <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/></p> <p>E-mail address: <input type="text"/></p>				
<p>Identity card: <input type="checkbox"/> Card of state subject <input type="checkbox"/> Work permit <input type="checkbox"/> Visa <input type="checkbox"/> Residence permit <input type="checkbox"/> Other <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/></p>				
<p>Details of stay abroad: <input type="checkbox"/> All other information on this section is available on the Internet at http://www.ssi.se</p>				
Name:	Surname: <input type="text"/>	First name: <input type="text"/>	Middle name(s): <input type="text"/>	Postcode: <input type="text"/>
	Other names: <input type="text"/>	Date of birth: <input type="text"/> / <input type="text"/> / <input type="text"/>	Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Occupation: <input type="text"/>
<p>Relationship to child: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other</p> <p>Address: <input type="text"/></p>				
<p>Telephone no.: <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/></p> <p>Mobile telephone no.: <input type="text"/> - <input type="text"/> - <input type="text"/></p> <p>Telex no.: <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/></p> <p>Fax no.: <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/></p> <p>E-mail address: <input type="text"/></p>				
<p>License: <input type="checkbox"/> Car <input type="checkbox"/> Boat <input type="checkbox"/> Other <input type="text"/></p>				
<p>Other persons who can be reached in case of emergency: <input type="checkbox"/> This legal adviser <input type="checkbox"/> Applicant <input type="checkbox"/> Either one will be fine</p>				

2. Child pertaining to the application			
Name	<input type="text"/> First name	<input type="text"/> Middle name(s)	<input type="text"/> Last name
Native language	<input type="text"/>	Language spoken at home	<input type="text"/>
Aliafifit any	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> Year	<input type="text"/> Month	<input type="text"/> Day
Nationality	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
Place of birth	<input type="text"/> Country	<input type="text"/> Address	
Habital residence	<input type="text"/> Country	<input type="text"/> Address	
Length of residence and other relevant information about child's habitual residence			
Current domicile or residence	<input type="text"/> Country	<input type="text"/> Address	
Telephone no.	<input type="text"/> + <input type="text"/> Country code	<input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/>
Mobile telephone no.	<input type="text"/> + <input type="text"/> Country code	<input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/>
Fax no.	<input type="text"/> + <input type="text"/> Country code	<input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/>
E-mail address	<input type="text"/> <input type="checkbox"/>		
Passport	<input type="text"/> Country	<input type="text"/> No.	<input type="text"/> Date of issue
Identity card or other document	<input type="text"/> Country	<input type="text"/> No.	<input type="text"/> Date of issue
Description	<input type="text"/>	<input type="text"/>	<input type="text"/>
The Person who might be able to provide additional information: Name, address, telephone no., e-mail address, relation with the child, child's memory or length of time child may return or visit me.			
Other useful information to identify the whereabouts			

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3. Person who is considered to have done a removal or retention of the child			
Name	<input type="text"/> First name	<input type="text"/> Middle name(s)	<input type="text"/> Last name
Native language	<input type="text"/>	Language spoken at home	<input type="text"/>
Aliafifit any	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> Year	<input type="text"/> Month	<input type="text"/> Day
Nationality	<input checked="" type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other		
Place of birth	<input type="text"/> Country	<input type="text"/> Address	
Domicile or residence	<input type="text"/> Country	<input type="text"/> Address	
Telephone no.	<input type="text"/> + <input type="text"/> Country code	<input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/>
Mobile telephone no.	<input type="text"/> + <input type="text"/> Country code	<input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/>
Fax no.	<input type="text"/> + <input type="text"/> Country code	<input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/>
E-mail address	<input type="text"/> <input type="checkbox"/>		
Passport	<input type="text"/> Country	<input type="text"/> No.	<input type="text"/> Date of issue
Identity card or other document	<input type="text"/> Country	<input type="text"/> No.	<input type="text"/> Date of issue
Description	<input type="text"/>	<input type="text"/>	<input type="text"/>
This person is considered to have done a removal or retention of the child ◻ This person is not claiming and will not claim to be entitled to retention of domestic violence ◻ This person lives or may live together with the child			
The Person who might be able to provide additional information: Name, address, telephone no., e-mail address, relation with this person, place of work etc.			
Other useful information to identify the whereabouts			

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4. Necessity matters to clarify that the applicant has the rights of custody with respect to the child under the laws and regulations of the state of habitual residence of the child and that the applicant's rights of custody are not breached due to the removal or retention of the child			
Explanation to clarify that the applicant has the rights of custody with respect to the child under the laws and regulations of the state of habitual residence of the child	<input type="checkbox"/> I declare that the information given above is true and correct. I declare that the date or removal or retention of the child or the place where the child is now living is not false. <input type="checkbox"/> I declare that the information given above is true and correct. I declare that the date or removal or retention of the child or the place where the child is now living is not false.		
Time, place and circumstances of the removal or retention of the child	<input type="text"/> Time	<input type="text"/> Day	<input type="text"/> Month
Circumstances of the removal or retention of the child	<input type="text"/> Place	<input type="text"/> Country	<input type="text"/> Name of place or address
Comments			
Do the circumstances mentioned in the date or removal or retention of the child or the place where the child is now living are not to ensure the child's safety?			
Circumstances of the breach of applicant's rights of custody			

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5. Person who is considered to live together with the child			
These provide information about a person who has possibility to live together with the child except the person who is considered to have done a removal or retention of the child or the person whose rights of custody are not breached due to the removal or retention of the child			
Name	<input type="text"/> First name	<input type="text"/> Middle name(s)	<input type="text"/> Last name
Native language	<input type="text"/>	Language spoken at home	<input type="text"/>
Aliafifit any	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> Year	<input type="text"/> Month	<input type="text"/> Day
Nationality	<input checked="" type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other		
Relation with the child	<input type="text"/>	<input type="text"/>	<input type="text"/>
Place of birth	<input type="text"/> Country	<input type="text"/> Address	
Domicile or residence	<input type="text"/> Country	<input type="text"/> Address	
Telephone no.	<input type="text"/> + <input type="text"/> Country code	<input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/>
Mobile telephone no.	<input type="text"/> + <input type="text"/> Country code	<input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/>
Fax no.	<input type="text"/> + <input type="text"/> Country code	<input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/>
E-mail address	<input type="text"/> <input type="checkbox"/>		
Passport	<input type="text"/> Country	<input type="text"/> No.	<input type="text"/> Date of issue
Identity card or other document	<input type="text"/> Country	<input type="text"/> No.	<input type="text"/> Date of issue
Description	<input type="text"/>	<input type="text"/>	<input type="text"/>
This person is considered to have done a removal or retention of domestic violence ◻ This person is not claiming and will not claim to be entitled to retention of domestic violence			
The Person who might be able to provide additional information: Name, address, telephone no., e-mail address, relation with this person, place of work etc.			
Other useful information to identify the whereabouts			

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Bl. Order	Name of court	Court no.
In dispute	Court	
	Court of law	
Court of enquiry	Court	
	Court of enquiry	
District court	Court	
	Court	
Criminal prosecution	<input checked="" type="checkbox"/> The person who is considered to have done a removal or retention of the child or the person who is considered to live together with the child is criminal prosecuted. <small>(See also: Article 26, first paragraph, letter b)</small>	
	<input type="checkbox"/> Criminal prosecution <small>(See also: Article 26, first paragraph, letter c)</small>	
	<input type="checkbox"/> No criminal prosecution <small>(See also: Article 26, first paragraph, letter d)</small>	
Identification of whereabouts	<input type="checkbox"/> Multiple choice options <small>(See also: Article 26, second paragraph, letter a)</small>	
	<input type="checkbox"/> I hope the Central Authority will hold an agreement. I hope the Central Authority will contact with the person who lives with the child and take necessary measures, such as removing the child from that place of residence. <small>(See also: Article 26, second paragraph, letter b)</small>	
Central Authority's measure to be taken in order to identify whereabouts from abroad?	<input type="checkbox"/> To realize the return of child through the judicial process. I request the Minister of Justice to instruct the Central Authority to identify whereabouts of the child and to take necessary measures to realize the return of the child. <small>(See also: Article 26, second paragraph, letter c)</small>	
	<input type="checkbox"/> To the extent necessary to identify whereabouts of the child, the Central Authority will contact with the person who lives with the child and take necessary measures to realize whereabouts of them are identified. <small>(See also: Article 26, second paragraph, letter d)</small>	
Other request for the Central Authority	<input type="checkbox"/> In the extent necessary to identify whereabouts of the child, the Central Authority will contact with the person who lives with the child and take necessary measures to realize whereabouts of them are identified. <small>(See also: Article 26, second paragraph, letter e)</small>	

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To Minister for Foreign Affairs of Japan

Date Month Year

The statement in this application and attached documents is true and correct, and

(Please indicate whether you are applying for return to Foreign State or to Japan)

under the provisions of Article 6 of the Convention on the Civil Aspects of International Child Abduction and Article 6(1) of the Act for Implementation of the Convention on the Civil Aspects of International Child Abduction, I submit an application for assistance in child abduction cases to the Foreign state party to the Convention on the Civil Aspects of International Child Abduction to return to Foreign state.

under the provisions of Article 6 of the Convention on the Civil Aspects of International Child Abduction and Article 11(1) of the Act for Implementation of the Convention on the Civil Aspects of International Child Abduction, I submit an application for assistance in child abduction cases from the Foreign state party to the Convention on the Civil Aspects of International Child Abduction to Japan to assist in child return to Japan.

樣式第三（第四条關係）

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4. 学年別に学年ごとに子供たちの他の交際をすることによってなじみを深め、子供たちが所持している「自己概念」の変化について		
年齢	年	年齢
半端者子供たち	4歳	4歳
自分との差異	5歳	5歳
うきこもる子供	6歳	6歳
うきこむる子供	7歳	7歳
自分との差異	8歳	8歳
差異、仲間意識	9歳	9歳
他の交際をもち	10歳	10歳
こながきなし	11歳	11歳
うきこむる子供	12歳	12歳
子との会話の中	13歳	13歳
うきこむる子供	14歳	14歳
このこながきなし	15歳	15歳
このときの年齢	16歳	16歳
子との会話の中	17歳	17歳
うきこむる子供	18歳	18歳
このこながきなし	19歳	19歳
このときの年齢	20歳	20歳

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外務大臣 総務課	
(印)	
この申請書及び添付書類の記載は事実に相違なく、 必ずご記入ください。	
(出願の子の在留の実態上の制限に関する条約第21条、及び国際子女の育養の民法上の 制限に関する条約の実態に関する公序衡1条に基づき、本申請書は日本とソルバ 共和国との間で交換されたものであることを明記する。) (本申請書は外務省規定を準拠してます。)	
<input type="checkbox"/> 国際子女の育養の民法上の制限に関する条約第21条、及び国際子女の育養の民法上の 制限に関する条約の実態に関する公序衡1条に基づき、本申請書は日本とソルバ 共和国との間で交換されたものであることを明記する。(本申請書は外務省規定を準拠してます。)	

様式第四（第四条関係）

Application for Assistance in Visitation or Contacts with Child

< Note > Before completing this form, please read the Guide to making an application for assistance in visitation or contacts with child.

Please provide as much information as possible.

* Please check the box if the information has changed.

□ Father □ Mother □ Other

□ Male □ Female

□ Single □ Married □ Separated

□ Yes □ No

<p>Necessary steps to clarify that the applicant is entitled to voluntary or other contacts with the child under the laws and regulations of the state or territory where the child holds habitual residence immediately before the violation or other contacts with the child become illegal</p> <p>Explanation to clarify that the applicant is entitled to voluntary or other contacts with the child under the laws and regulations of the state or territory where the child holds habitual residence immediately before the violation or other contacts with the child become illegal Explanation to clarify that the applicant is entitled to voluntary or other contacts with the child under the laws and regulations of the state or territory where the child holds habitual residence immediately before the violation or other contacts with the child become illegal Explanation to clarify that the applicant is entitled to voluntary or other contacts with the child under the laws and regulations of the state or territory where the child holds habitual residence immediately before the violation or other contacts with the child become illegal Explanation to clarify that the applicant is entitled to voluntary or other contacts with the child under the laws and regulations of the state or territory where the child holds habitual residence immediately before the violation or other contacts with the child become illegal</p>		
Local legal source of laws and regulations		Previous as:
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<p>Date place and circumstances of the first violation or other contacts with the child before which the child became ineligible to be made</p> <p>Date: _____ Month: _____ Year: _____ Place: _____ Name of place or address: _____ Circumstances: _____</p>		
<p>The witness person who is responsible for having done a removal or placement of the child or the person who is responsible for taking the child together with the child has contacted you, whether he/she has declared his/her witness status or not.</p>		
<p>Circumstances of the first violation or other contacts with the child by whom the child has been removed</p>		

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6. Person who is considered to live together with the child				
(Please provide information about a person who has possibility to live together with the child except the person mentioned in question 5)				
Name	English name	Last name	Middle name(s)	First name
Address(es) and Post code				
Date of birth	Day	Month	Year	
Nationality				
Relationship with the child	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Other	1
Place of birth	Country	Address		
Current residence or residence	Country	Address		
Telephone no.	Country			
Telephone no.	+ (Country code)	= (Area code) - (Number)		
Fax no.	+ (Country code)	= (Area code) - (Number)		
E-mail address	@			
Description	Country State City Street House No. Zip Code Phone No. Fax No. E-mail address This person is claimed or might be claimed to obtain of domestic violence This person is in claim and will not claim to obtained of domestic violence			
Claim to be sustained of domestic violence				
Other useful information to identify the location				

Do Person who might be able to provide additional information Name: _____, telephone no.: _____, address: _____, phone no.: _____, e-mail: _____

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B) Other			
In Japan Court case Outside Japan	Name of court	Case no.	
	Detain		
Criminal prosecution	Country	Name of court	Case no.
	Detain		
<input checked="" type="checkbox"/> The person who is considered to be interfering with the visitation or contact with the child or the person who is considered to live together with the child continues to do so. If yes, please provide details. <small>Please check all that apply.</small>			
<input type="checkbox"/> Detain <input type="checkbox"/> No criminal prosecution <input type="checkbox"/> Other (please specify)			
Identification of the whereabouts of the child or person who has regular visitation or contact with the child			
Central Authority's actions taken (only if applicable) If the Central Authority has taken action to prevent the visitation or contact with the child or person who has regular visitation or contact with the child as requested			
Other request for the Central Authority			

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To Minister for Foreign Affairs of Japan	<u>Day</u>	<u>Month</u>	<u>Year</u>
<p>The statement in this application and attached documents is true and correct, and <input checked="" type="checkbox"/> [Please indicate whether you are applying the return to Foreign State or to Japan] <u>Under the provision of Article 21 of the Convention on the Civil Aspects of International Child Abduction and Article 19(3) of the Act for Implementation of the Convention on the Civil Aspects of International Child Abduction, I am applying for <u>return</u> to <u>Japan</u> under the Convention, and I will <u>not</u> request <u>removal</u> of the child from <u>Japan</u> or <u>Visitation</u> or <u>Contact</u> with <u>Child in Japan</u>.</u></p> <input type="checkbox"/> <u>Under the provision of Article 21 of the Convention on the Civil Aspects of International Child Abduction and Article 21(2) of the Act for Implementation of the Convention on the Civil Aspects of International Child Abduction, I am applying for <u>visitation</u> to the <u>child in Japan</u>, and I will <u>not</u> request <u>removal</u> of the child from <u>Japan</u> or <u>Visitation</u> or <u>Contact</u> with <u>Child in Japan</u>.</u>			

附 則
この省令は、法の施行の日から施行する。
**附 則（令和元年七月一〇日外務省令第
三号）**

（施行期日等）
この省令は、公布の日から施行する。

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(経過措置)
国際的な子の奪取の民事上の側面に関する条約の実施に関する法律に基づく外務大臣に対する援助申請に関する省令様式第四については、当分の間、改正後の様式にかかわらず、なお改正前の様式によることができる。
- 附 則（令和二年一二月二八日外務省令
第一六号）**
- この省令は、公布の日から施行する。