

FIRST CONTACT FORM (Access rights)

By submitting the information requested in the *First Contact Form* below, you will allow the Italian Central Authority to better identify the action to take in the instant case and send you the list of the documents requested to officially file your application. Please be ensured that your personal data will only be processed to satisfy our institutional accomplishments.

Central Authority
autoritacentrali.dgm@giustizia.it

I, the undersigned:

Name: _____ Surname: _____
Born in (Country and Municipality): _____ on (Day/Month/Year): __/__/_____,
Address (Country, Province, Municipality, Street): _____
Mobile Phone: _____
E-mail: _____

intend to apply for the **Establishment of Contacts with the following Child:**

Child's Name: _____ and Surname: _____
Born in (Country and Municipality): _____ On (Day/Month/Year): __/__/_____,
Citizenship/s: _____
of whom I am:

the father the mother other (Please specify): _____

The above child lives at present in (Country, Municipality, Address): _____

with: the father the mother other (Please specify): _____

The child's parents are:

married separated/divorced unmarried

A court decision regulating your right of access and contacts with the child has already been made ?

No Yes, in (Country and Municipality): _____

On (Day/Month/Year): __/__/_____,

Providing as follows: _____

I have not had any contacts with the child since (how long?): _____

Because (briefly explain the reasons): _____

other (specify) _____

This child's parents are:

married separated/divorced not married

An order concerning relations between the undersigned party and this child has already been issued:

no yes, by the Court in _____ on (date) _____

stating as follows: _____

I have been unable to contact the child since (specify for how long): _____

because (briefly describe the circumstances): _____

I hereby request that my contacts with the above child be restored as follows: _____