



United States Department of State

Washington, D.C. 20520

Hague Child Abduction Convention Legal Representation
Request for Legal Assistance in the United States, 2012

Please review the following tables to determine your financial eligibility to request *pro bono* or reduced fee legal services. You may also request a list of full fee attorneys. Eligibility to request *pro bono* or reduced fee legal services is based upon the 2012 income guidelines published by the Legal Services Corporation, 45 C.F.R. Part 1611, Appendix A (2012), 77 Fed. Reg. 4909-4910 (Feb. 2, 2012).

Attorneys may ask you for additional information (such as income tax returns; other assets) to determine whether and on what terms to offer you their legal services. There is no guarantee that an attorney will offer to represent you on a *pro bono* or reduced fee basis. Most private attorneys will expect you to pay court costs and expenses (including but not limited to filing fees, service of process, phone calls, travel expenses, document duplication, translations) even when they provide their legal services to you at low or no cost.

Instructions

- The tables are based on **gross income (before taxes)** of all persons living in your household.
- Include in 'household size' the child/ren about whom you have filed a Hague application.
- If you are seeking legal assistance in Hawaii or Alaska, please use the tables found at <http://www.lsc.gov/sites/default/files/LSC/pdfs/45CFRPart1611AppendixA2012Income%20Guidelines.pdf>.
- **Circle the line that describes your household size/gross income.**

Eligibility to request *pro bono* legal representation (125% of 2012 U.S. poverty guidelines)

<u>Household size</u>	<u>Maximum gross income from all sources (in U.S. dollars)</u>
1	\$ 13,963
2	\$ 18,913
3	\$ 23,863
4	\$ 28,813
5	\$ 33,763
6	\$ 38,713

Eligibility to request reduced fee legal assistance (200% of 2012 U.S. poverty guidelines)

<u>Household size</u>	<u>Maximum gross income from all sources (in U.S. dollars)</u>
1	\$ 22,340
2	\$ 30,260
3	\$ 38,180
4	\$ 46,100
5	\$ 54,020
6	\$ 61,940

PLEASE NOTE:

- The U.S. Central Authority may seek clarification from you before facilitating your search for legal assistance.
- If you are not forthcoming or in error in your self-assessment (as determined by a legal aid program or private attorney reviewing the case), the U.S. Central Authority may limit any further assistance in your search for legal representation.
- There is no entitlement to legal services.
- It may be faster and easier to find an attorney if you are willing to pay some amount for legal services.
- Legal aid programs will determine your eligibility for services in accordance with program guidelines.

Choose only ONE:

I have reviewed the income guidelines and believe that I am eligible to request:

_____ *Pro Bono* Legal Representation

Or

_____ Reduced Fee Legal Representation

Or

_____ I am requesting a list of full fee attorneys.

My employment/occupation: _____

Home phone _____ Mobile phone _____

E-mail _____

Signed _____

Date _____



United States Department of State

Washington, D.C. 20520

Authorization to Release Case Information

For use by the U.S. Department of State, Office of Children's Issues

I, _____ (name), the _____ (relationship to child/ren) of the child/ren listed below, authorize the Office of Children's Issues to discuss my child/ren's case with prospective attorneys in the United States.

Name of child: _____ DOB: _____
Name of child: _____ DOB: _____
Name of child: _____ DOB: _____
Name of child: _____ DOB: _____

Is the child/ren a citizen of the United States? ___ Yes ___ No
Is the child/ren a permanent legal resident of the United States? ___ Yes ___ No

In the event that persons or organizations other than prospective attorneys request information regarding your child/ren's case, The Office of Children's Issues may release information to:

Family Members and/or Friends ___ Yes ___ No

Please list full names and relationship to child

Media organizations (newspaper, television, etc.) ___ Yes ___ No
Members of the U.S. Congress ___ Yes ___ No

Signature of Applicant

Date



United States Department of State

Washington, D.C. 20520

Permission to Send Voluntary Access Letter

Dear Applicant:

Pursuant to our authority under Article 7 of the 1980 Convention on the Civil Aspects of International Child Abduction (Convention), in order to encourage voluntary resolutions to International Parental Child Abduction cases, the U.S. Central Authority generally sends a Voluntary Access Letter to the parent alleged to be withholding access to the child informing him or her of the application for access to the child/ren under the Convention. The letter also provides general information about the Convention, explains our role as Central Authority, and suggests that, in light of the high costs and stress usually involved in litigation, he or she should consider voluntarily allowing access to the child/ren.

Our office sends this letter as part of our regular process, but we also recognize that sending such a letter may not be appropriate in particular cases, such as where there is some risk that the recipient of the letter may flee with the children. For this reason, we ask you to consider your family's circumstances and inform our office as to whether or not you would like us to send the letter.

Please note that our office is not bound in any way by the preference you list below. The decision of whether or not to send a letter in a particular case is based solely upon our authority and obligations under the Convention, and should not be considered as judgment by our office on the merits of any particular case. Should our office determine that it is appropriate under the Convention to send a Voluntary Access Letter in your case, we will provide you with a copy of the letter that is sent.

Please complete and sign the statement below.

I, _____ (applicant parent), ask the U.S. Central Authority to:

- Yes, send Voluntary Access Letter
- No, please DO NOT send Voluntary Access Letter

to _____ (the other parent) under the Hague Convention as a way to seek a voluntary resolution to my case.

Address where you believe the children to be (if known):

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Signature _____ Date _____